

						AID CODE 10		----- MONTHLY AVERAGE -----	
86 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	1,485	9,258	\$ 547,240.26	\$ 59.11	107.651	\$ 368.51	\$ 6363.26		
@PHYSICIANS SERVICES	33	201	\$ 4,085.54	\$ 20.33	2.337	\$ 123.80	\$ 47.51		
OUTPATIENT VISITS	5	5	509.66	101.93	.058	101.93	5.93		
OFFICE VISITS	3	3	416.17	138.72	.035	138.72	4.84		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	2	2	72.00	36.00	.023	36.00	.84		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	21.49	.00	.000	.00	.25		
INPATIENT VISITS	7	16	601.10	37.57	.186	85.87	6.99		
HOSPITAL VISITS	4	11	451.10	41.01	.128	112.78	5.25		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	4	5	150.00	30.00	.058	37.50	1.74		
OPHTHALMOLOGICAL SERVICES	0	0	2.81	.00	.000	.00	.03		
EXAMINATIONS	0	0	2.81	.00	.000	.00	.03		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	1	2	126.77	63.39	.023	126.77	1.47		
PRINCIPAL SURGEON	1	1	43.75	43.75	.012	43.75	.51		
ASSISTANT SURGEON	1	1	83.02	83.02	.012	83.02	.97		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	1	1	293.36	293.36	.012	293.36	3.41		
PRINCIPAL SURGEON	1	1	293.36	293.36	.012	293.36	3.41		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	4	31	139.78	4.51	.360	34.95	1.63		
RADIOLOGY	6	15	346.95	23.13	.174	57.83	4.03		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	20	131	2,065.11	15.76	1.523	103.26	24.01		
@PHARMACY	194	890	\$ 36,183.98	\$ 40.66	10.349	\$ 186.52	\$ 420.74		
PRESCRIPTION DRUGS	192	369	35,801.28	97.02	4.291	186.47	416.29		
SNF/ICF	24	49	6,018.83	122.83	.570	250.78	69.99		
OUTPATIENTS	170	320	29,782.45	93.07	3.721	175.19	346.31		
MEDICAL SUPPLIES	5	521	382.70	.73	6.058	76.54	4.45		
@DENTIST	733	2,984	\$ 181,458.01	\$ 60.81	34.698	\$ 247.56	\$ 2109.98		
VISITS - DIAGNOSTIC	414	1,636	21,318.03	13.03	19.023	51.49	247.88		
ORAL SURGERY	110	311	14,740.75	47.40	3.616	134.01	171.40		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	56	56	10,015.00	178.84	.651	178.84	116.45		
ENDODONTICS	49	101	23,735.00	235.00	1.174	484.39	275.99		
RESTORATIVE DENTISTRY	168	441	56,032.75	127.06	5.128	333.53	651.54		
PROSTHETICS	13	16	450.00	28.13	.186	34.62	5.23		
DENTURES, STAYPLATES	178	414	54,291.48	131.14	4.814	305.01	631.30		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	3	8	875.00	109.38	.093	291.67	10.17		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	1	1	.00	.00	.012	.00	.00		

YOLO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
86 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	13	32	\$ 712.76	\$ 22.27	.372	\$ 54.83	\$ 8.29		
DIAGNOSTIC AND ANC. PROCED	4	4	177.94	44.49	.047	44.49	2.07		
EYE APPLIANCES	11	24	423.90	17.66	.279	38.54	4.93		
OTHER OPTOMETRIC SERVICES	2	4	110.92	27.73	.047	55.46	1.29		
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	1	6	\$ 8.28	\$ 1.38	.070	\$ 8.28	\$ .10		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	1	6	8.28	1.38	.070	8.28	.10		
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
@TOTAL HOSPITAL	12	27	\$ 4,116.53	\$ 152.46	.314	\$ 343.04	\$ 47.87		
HOSP INPATIENT TOTAL	2	2	3,494.42	1747.21	.023	1747.21	40.63		
HSC HOSPITALS	1	2	813.03	406.52	.023	813.03	9.45		
NON-HSC HOSPITAL TOTAL	1	4	3,457.39	864.35	.047	3457.39	40.20		
ACCOMMODATIONS	1	4	1,068.20	267.05	.047	1068.20	12.42		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	1	4	1,068.20	267.05	.047	1068.20	12.42		
ANCILLARIES	1	0	2,389.19	.00	.000	2389.19	27.78		
INPATIENT CROSSOVERS	0	4CR	776.00CR	194.00	.047CR	.00	9.02CR		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	10	25	622.11	24.88	.291	62.21	7.23		
MEDICAL	0	0	82.43	.00	.000	.00	.96		
SURGERY	0	0	15.00	.00	.000	.00	.17		
PATHOLOGY	1	2	41.05	20.53	.023	41.05	.48		
RADIOLOGY	0	0	108.63	.00	.000	.00	1.26		
ROOM USE	0	0	130.16	.00	.000	.00	1.51		
CROSSOVERS/ALL OTH OUTPTNT	9	23	244.84	10.65	.267	27.20	2.85		
@COUNTY HOSPITAL TOTAL	0	0	\$ 11.57	\$ .00	.000	\$ .00	\$ .13		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
CO HOSP OUTPATIENT TOTAL	0	0	11.57	.00	.000	.00	.13		
MEDICAL	0	0	.00	.00	.000	.00	.00		
SURGERY	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	11.57	.00	.000	.00	.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,027
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED						AID CODE 10
					----- MONTHLY AVERAGE -----		
86 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12	27	\$ 4,104.96	\$ 152.04	.314	\$ 342.08	\$ 47.73
COMM HOSP INPATIENT TOTAL	2	2	3,494.42	1747.21	.023	1747.21	40.63
HSC HOSPITALS	1	2	813.03	406.52	.023	813.03	9.45
NON-HSC HOSPITALS TOTAL	1	4	3,457.39	864.35	.047	3457.39	40.20
ACCOMMODATIONS	1	4	1,068.20	267.05	.047	1068.20	12.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,068.20	267.05	.047	1068.20	12.42
ANCILLARIES	1	0	2,389.19	.00	.000	2389.19	27.78
INPATIENT CROSSOVERS	0	4CR	776.00CR	194.00	.047CR	.00	9.02CR
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	25	610.54	24.42	.291	61.05	7.10
MEDICAL	0	0	82.43	.00	.000	.00	.96
SURGERY	0	0	15.00	.00	.000	.00	.17
PATHOLOGY	1	2	41.05	20.53	.023	41.05	.48
RADIOLOGY	0	0	108.63	.00	.000	.00	1.26
ROOM USE	0	0	130.16	.00	.000	.00	1.51
CROSSOVERS/ALL OTH OUTPTNT	9	23	233.27	10.14	.267	25.92	2.71
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6	170	\$ 31,427.18	\$ 184.87	1.977	\$ 5237.86	\$ 365.43
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	31	15,525.81	500.83	.360	15525.81	180.53
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	139	15,901.37	114.40	1.616	3180.27	184.90
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	6	\$ 94.74	\$ 15.79	.070	\$ 47.37	\$ 1.10
PATHOLOGY	2	6	94.74	15.79	.070	47.37	1.10
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	32	64	\$ 7,876.71	\$ 123.07	.744	\$ 246.15	\$ 91.59
CLINIC	0	0	23.50	.00	.000	.00	.27
SURGICENTER	1	1	194.31	194.31	.012	194.31	2.26
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	31	63	7,658.90	121.57	.733	247.06	89.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,028

86 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	573	4,878	\$ 281,276.53	\$ 57.66	56.721	\$ 490.88	\$ 3270.66
DURABLE MED. EQUIP.	2	20	374.06	18.70	.233	187.03	4.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	4	874.42	218.61	.047	291.47	10.17
MEDICAL TRANSPORTATION	5	88	745.78	8.47	1.023	149.16	8.67
AMBULANCES/AIR TRANS	4	86	668.10	7.77	1.000	167.03	7.77
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	77.68	38.84	.023	77.68	.90
ACUPUNCTURE	1	4	64.88	16.22	.047	64.88	.75
ADULT DAY HEALTH CARE CTR	267	3,938	263,938.98	67.02	45.791	988.54	3069.06
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	16	106	7,238.20	68.28	1.233	452.39	84.17
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	276	613	7,561.96	12.34	7.128	27.40	87.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	16	157.28	9.83	.186	39.32	1.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	89	320.97	3.61	1.035	45.85	3.73
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	32	689	\$ 853.07	\$ 1.24	8.012	\$ 26.66	\$ 9.92

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 17,029

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	188	1,276	\$ 101,286.47	\$ 79.38	1276.000	\$ 538.76	\$101286.47
@PHYSICIANS SERVICES	4	5	\$ 470.86	\$ 94.17	5.000	\$ 117.72	\$ 470.86
OUTPATIENT VISITS	2	2	144.55	72.28	2.000	72.28	144.55
OFFICE VISITS	2	2	118.95	59.48	2.000	59.48	118.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	6.96	.00	.000	.00	6.96
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	18.64	.00	.000	.00	18.64
INPATIENT VISITS	0	0	7.20	.00	.000	.00	7.20
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		7.20	.00	.000	.00	7.20
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		127.36	.00	.000	.00	127.36
PRINCIPAL SURGEON	0	0		127.36	.00	.000	.00	127.36
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		30.61	.00	.000	.00	30.61
PRINCIPAL SURGEON	0	0		30.61	.00	.000	.00	30.61
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		41.51	.00	.000	.00	41.51
RADIOLOGY	1	2		47.50	23.75	2.000	47.50	47.50
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		72.13	72.13	1.000	72.13	72.13
@PHARMACY	42	100	\$	32,739.58	\$ 327.40	100.000	\$ 779.51	\$ 32739.58
PRESCRIPTION DRUGS	42	100		32,739.58	327.40	100.000	779.51	32739.58
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	42	100		32,739.58	327.40	100.000	779.51	32739.58
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	62	252	\$	8,620.68	\$ 34.21	252.000	\$ 139.04	\$ 8620.68
VISITS - DIAGNOSTIC	43	188		2,430.68	12.93	188.000	56.53	2430.68
ORAL SURGERY	5	13		408.00	31.38	13.000	81.60	408.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	4	4		800.00	200.00	4.000	200.00	800.00
ENDODONTICS	2	3		850.00	283.33	3.000	425.00	850.00
RESTORATIVE DENTISTRY	13	21		2,274.00	108.29	21.000	174.92	2274.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	9	23	1,858.00	80.78	23.000	206.44	1858.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,030  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	4	24	\$ 490.46	\$ 20.44	24.000	\$ 122.62	\$ 490.46
HOSP INPATIENT TOTAL	2	21	378.08	18.00	21.000	189.04	378.08
HSC HOSPITALS	1	1	63.17	63.17	1.000	63.17	63.17
NON-HSC HOSPITAL TOTAL	0	0	477.09CR	.00	.000	.00	477.09CR
ACCOMMODATIONS	0	0	477.09CR	.00	.000	.00	477.09CR
ADMINISTRATIVE DAYS	0	0	477.09CR	.00	.000	.00	477.09CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	20	792.00	39.60	20.000	792.00	792.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	3	112.38	37.46	3.000	56.19	112.38
MEDICAL	0	0	11.28	.00	.000	.00	11.28
SURGERY	0	0	3.07	.00	.000	.00	3.07
PATHOLOGY	0	0	13.91	.00	.000	.00	13.91
RADIOLOGY	1	2	70.67	35.34	2.000	70.67	70.67
ROOM USE	0	0	7.18	.00	.000	.00	7.18
CROSSOVERS/ALL OTH OUTPTNT	1	1	6.27	6.27	1.000	6.27	6.27
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,031  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----					
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	4	24	\$ 490.46	\$ 20.44	24.000	\$ 122.62	\$ 490.46		
COMM HOSP INPATIENT TOTAL	2	21	378.08	18.00	21.000	189.04	378.08		
HSC HOSPITALS	1	1	63.17	63.17	1.000	63.17	63.17		
NON-HSC HOSPITALS TOTAL	0	0	477.09CR	.00	.000	.00	477.09CR		
ACCOMMODATIONS	0	0	477.09CR	.00	.000	.00	477.09CR		
ADMINISTRATIVE DAYS	0	0	477.09CR	.00	.000	.00	477.09CR		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	1	20	792.00	39.60	20.000	792.00	792.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	2	3	112.38	37.46	3.000	56.19	112.38		
MEDICAL	0	0	11.28	.00	.000	.00	11.28		
SURGERY	0	0	3.07	.00	.000	.00	3.07		
PATHOLOGY	0	0	13.91	.00	.000	.00	13.91		
RADIOLOGY	1	2	70.67	35.34	2.000	70.67	70.67		
ROOM USE	0	0	7.18	.00	.000	.00	7.18		
CROSSOVERS/ALL OTH OUTPTNT	1	1	6.27	6.27	1.000	6.27	6.27		
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00		
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00		
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00		
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00		
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
ICF DDH	0	0	.00	.00	.000	.00	.00		
ICF DD	0	0	.00	.00	.000	.00	.00		
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00		
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00		
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00		
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00		
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00		
@LABORATORY FACILITY	2	2	\$ 16.10	\$ 8.05	2.000	\$ 8.05	\$ 16.10		
PATHOLOGY	2	2	16.10	8.05	2.000	8.05	16.10		
XO AND OTHERS	0	0	.00	.00	.000	.00	.00		

@ORGANIZED OUTPATIENT CLINIC	7	9	\$	1,725.00	\$	191.67	9.000	\$	246.43	\$	1725.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	9		1,725.00		191.67	9.000		246.43		1725.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,032  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	90	884	\$ 57,223.79	\$ 64.73	884.000	\$ 635.82	\$ 57223.79
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	58	795	53,218.01	66.94	795.000	917.55	53218.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	6	31	3,289.96	106.13	31.000	548.33	3289.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	37	472.34	12.77	37.000	27.78	472.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	12	117.96	9.83	12.000	16.85	117.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	9	125.52	13.95	9.000	41.84	125.52
@CALIF. CHILDREN SERVICES*	0	0	\$ 5.18	\$ .00	.000	\$ .00	\$ 5.18
@XOVER EXCLUDING STATE HOSP**	5	10	\$ 917.90	\$ 91.79	10.000	\$ 183.58	\$ 917.90

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,033
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

925 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,679	97,159	\$ 4,390,880.85	\$ 45.19	105.037	\$ 453.65	\$ 4746.90
@PHYSICIANS SERVICES	402	1,158	\$ 41,618.48	\$ 35.94	1.252	\$ 103.53	\$ 44.99
OUTPATIENT VISITS	162	217	12,756.38	58.79	.235	78.74	13.79
OFFICE VISITS	70	92	5,688.32	61.83	.099	81.26	6.15
HOME VISITS	1	1	34.30	34.30	.001	34.30	.04
EMERGENCY ROOM	73	92	5,088.51	55.31	.099	69.71	5.50



PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.001	60.48	.07
OTHER OUTPATIENT	25	31	1,884.77	60.80	.034	75.39	2.04
INPATIENT VISITS	84	182	6,363.16	34.96	.197	75.75	6.88
HOSPITAL VISITS	24	88	4,286.83	48.71	.095	178.62	4.63
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	62	94	2,076.33	22.09	.102	33.49	2.24
OPHTHALMOLOGICAL SERVICES	5	5	221.43	44.29	.005	44.29	.24
EXAMINATIONS	5	5	221.43	44.29	.005	44.29	.24
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	18	2,502.96	139.05	.019	625.74	2.71
PRINCIPAL SURGEON	3	3	1,387.11	462.37	.003	462.37	1.50
ASSISTANT SURGEON	1	1	81.07	81.07	.001	81.07	.09
ANESTHESIOLOGIST	1	14	1,034.78	73.91	.015	1034.78	1.12
OUTPATIENT SURGERY	18	36	2,642.50	73.40	.039	146.81	2.86
PRINCIPAL SURGEON	14	15	1,946.18	129.75	.016	139.01	2.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	21	696.32	33.16	.023	139.26	.75
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	27	50	1,074.00	21.48	.054	39.78	1.16
RADIOLOGY	67	107	6,108.31	57.09	.116	91.17	6.60
PSYCHIATRY	1	1	23.22	23.22	.001	23.22	.03
IMMUNIZATION AND INJECTION	4	129	1,713.77	13.29	.139	428.44	1.85
OTHER SERVICES/ALL X-OVERS	134	413	8,212.75	19.89	.446	61.29	8.88
@PHARMACY	4,905	13,253	\$ 2,083,931.22	\$ 157.24	14.328	\$ 424.86	\$ 2252.90
PRESCRIPTION DRUGS	4,895	12,364	2,079,992.84	168.23	13.366	424.92	2248.64
SNF/ICF	412	2,105	260,616.65	123.81	2.276	632.56	281.75
OUTPATIENTS	4,527	10,259	1,819,376.19	177.34	11.091	401.89	1966.89
MEDICAL SUPPLIES	23	889	3,938.38	4.43	.961	171.23	4.26
@DENTIST	3,246	14,677	\$ 732,229.82	\$ 49.89	15.867	\$ 225.58	\$ 791.60
VISITS - DIAGNOSTIC	1,980	9,457	115,942.21	12.26	10.224	58.56	125.34
ORAL SURGERY	390	876	43,696.80	49.88	.947	112.04	47.24
DRUGS	1	1	25.00	25.00	.001	25.00	.03
ANESTHESIA	3	3	300.00	100.00	.003	100.00	.32
PERIODONTICS	310	336	59,286.68	176.45	.363	191.25	64.09
ENDODONTICS	244	391	93,896.25	240.14	.423	384.82	101.51
RESTORATIVE DENTISTRY	958	2,489	282,448.75	113.48	2.691	294.83	305.35
PROSTHETICS	33	34	1,265.00	37.21	.037	38.33	1.37
DENTURES, STAYPLATES	381	1,058	126,437.94	119.51	1.144	331.86	136.69
SPACE MAINTAINERS	2	2	111.00	55.50	.002	55.50	.12
MAXILLOFACIAL SERVICES	4	5	4,980.19	996.04	.005	1245.05	5.38
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.001	1200.00	1.30
ORTHODONTIC SERVICES	8	11	1,290.00	117.27	.012	161.25	1.39
ALL OTHER SERVICES	10	13	1,350.00	103.85	.014	135.00	1.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,034
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			
				----- MONTHLY AVERAGE -----			
925 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	92	279	\$ 6,006.85	\$ 21.53	.302	\$ 65.29	\$ 6.49
DIAGNOSTIC AND ANC. PROCED	51	53	2,431.35	45.87	.057	47.67	2.63
EYE APPLIANCES	77	226	3,575.50	15.82	.244	46.44	3.87
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	17	27	\$	569.84	\$	21.11	.029	\$ 33.52	\$ .62
MEDICINE/INJECTIONS	11	12		370.00		30.83	.013	33.64	.40
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.002	34.60	.04
OTHER	6	13		165.24		12.71	.014	27.54	.18
@HOME HEALTH AGENCY	4	11	\$	772.71	\$	70.25	.012	\$ 193.18	\$ .84
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	2	2	\$	48.00	\$	24.00	.002	\$ 24.00	\$ .05
@TOTAL HOSPITAL	216	919	\$	161,638.21	\$	175.88	.994	\$ 748.33	\$ 174.74
HOSP INPATIENT TOTAL	46	275		141,562.20		514.77	.297	3077.44	153.04
HSC HOSPITALS	6	31		38,927.00		1255.71	.034	6487.83	42.08
NON-HSC HOSPITAL TOTAL	9	29		82,034.05		2828.76	.031	9114.89	88.69
ACCOMMODATIONS	9	29		38,297.17		1320.59	.031	4255.24	41.40
ADMINISTRATIVE DAYS	1	1		1,316.58CR		1316.58CR	.001	1316.58CR	1.42CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	8	28		39,613.75		1414.78	.030	4951.72	42.83
ANCILLARIES	9	0		43,736.88		.00	.000	4859.65	47.28
INPATIENT CROSSOVERS	31	215		20,601.15		95.82	.232	664.55	22.27
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	174	644		20,076.01		31.17	.696	115.38	21.70
MEDICAL	25	28		2,796.72		99.88	.030	111.87	3.02
SURGERY	7	7		313.61		44.80	.008	44.80	.34
PATHOLOGY	53	193		2,365.73		12.26	.209	44.64	2.56
RADIOLOGY	31	48		4,781.14		99.61	.052	154.23	5.17
ROOM USE	94	116		4,656.06		40.14	.125	49.53	5.03
CROSSOVERS/ALL OTH OUTPTNT	95	252		5,162.75		20.49	.272	54.34	5.58
@COUNTY HOSPITAL TOTAL	3	20	\$	21,785.49	\$	1089.27	.022	\$ 7261.83	\$ 23.55
CO HOSPITAL INPATIENT TOTAL	1	16		21,632.00		1352.00	.017	21632.00	23.39
HSC HOSPITALS	1	16		21,632.00		1352.00	.017	21632.00	23.39

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	153.49	38.37	.004	76.75	.17
MEDICAL	1	1	34.31	34.31	.001	34.31	.04
SURGERY	1	1	62.63	62.63	.001	62.63	.07
PATHOLOGY	1	1	23.23	23.23	.001	23.23	.03
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.32	33.32	.001	33.32	.04
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,035							
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03							
YOLO COUNTY      SUMMARY OF SERVICES FOR      CASH GRANT - DISABLED      AID CODE 60							
----- MONTHLY AVERAGE -----							
925 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	213	899	\$ 139,852.72	\$ 155.56	.972	\$ 656.59	\$ 151.19
COMM HOSP INPATIENT TOTAL	45	259	119,930.20	463.05	.280	2665.12	129.65
HSC HOSPITALS	5	15	17,295.00	1153.00	.016	3459.00	18.70
NON-HSC HOSPITALS TOTAL	9	29	82,034.05	2828.76	.031	9114.89	88.69
ACCOMMODATIONS	9	29	38,297.17	1320.59	.031	4255.24	41.40
ADMINISTRATIVE DAYS	1	1	1,316.58CR	1316.58CR	.001	1316.58CR	1.42CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	28	39,613.75	1414.78	.030	4951.72	42.83
ANCILLARIES	9	0	43,736.88	.00	.000	4859.65	47.28
INPATIENT CROSSOVERS	31	215	20,601.15	95.82	.232	664.55	22.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	172	640	19,922.52	31.13	.692	115.83	21.54
MEDICAL	24	27	2,762.41	102.31	.029	115.10	2.99
SURGERY	6	6	250.98	41.83	.006	41.83	.27
PATHOLOGY	52	192	2,342.50	12.20	.208	45.05	2.53
RADIOLOGY	31	48	4,781.14	99.61	.052	154.23	5.17
ROOM USE	93	115	4,622.74	40.20	.124	49.71	5.00
CROSSOVERS/ALL OTH OUTPTNT	95	252	5,162.75	20.49	.272	54.34	5.58
@STATE HOSPITAL	12	347	\$ 203,068.19	\$ 585.21	.375	\$ 16922.35	\$ 219.53
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	347	203,068.19	585.21	.375	16922.35	219.53
@NURSING FACILITY	59	1,198	\$ 156,354.93	\$ 130.51	1.295	\$ 2650.08	\$ 169.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	10	272	32,617.15	119.92	.294	3261.72	35.26
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	49	926	123,737.78	133.63	1.001	2525.26	133.77
@INTERMEDIATE CARE FACIL.-DD	1	30	\$ 2,723.55	\$ 90.79	.032	\$ 2723.55	\$ 2.94
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	30	2,723.55	90.79	.032	2723.55	2.94
@HEMODIALYSIS TOTAL	4	5	\$ 2,959.84	\$ 591.97	.005	\$ 739.96	\$ 3.20
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	5	2,959.84	591.97	.005	739.96	3.20

@REHABILITATION FACILITY	2	2	\$	110.86	\$	55.43	.002	\$	55.43	\$	.12
HOSPITAL BASED	2	2		110.86		55.43	.002		55.43		.12
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	159	621	\$	7,881.80	\$	12.69	.671	\$	49.57	\$	8.52
PATHOLOGY	158	620		7,879.31		12.71	.670		49.87		8.52
XO AND OTHERS	1	1		2.49		2.49	.001		2.49		.00
@ORGANIZED OUTPATIENT CLINIC	108	194	\$	25,978.40	\$	133.91	.210	\$	240.54	\$	28.08
CLINIC	17	27		760.64		28.17	.029		44.74		.82
SURGICENTER	4	27		716.16		26.52	.029		179.04		.77
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	87	140		24,501.60		175.01	.151		281.63		26.49

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

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925 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,162	64,436	\$ 964,988.15	\$ 14.98	69.661	\$ 446.34	\$ 1043.23
DURABLE MED. EQUIP.	14	32	4,192.66	131.02	.035	299.48	4.53
BLOOD BANK	0	0	66.50	.00	.000	.00	.07
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	58	1,452	12,853.52	8.85	1.570	221.61	13.90
AMBULANCES/AIR TRANS	37	562	6,921.08	12.32	.608	187.06	7.48
OTHER TRANS	18	875	3,944.69	4.51	.946	219.15	4.26
OTHER SERVICES	4	15	1,987.75	132.52	.016	496.94	2.15
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	309	6,289	421,184.88	66.97	6.799	1363.06	455.34
GENETIC DISEASE TESTING	13	13	988.00	76.00	.014	76.00	1.07
IHMC,MODEL-NF,NF,AIDS,MSSP	66	9,267	288,052.98	31.08	10.018	4364.44	311.41
OCCUPATIONAL THERAPIST	2	14	268.00	19.14	.015	134.00	.29
OPTICIAN	1,016	2,245	26,666.44	11.88	2.427	26.25	28.83
PHYSICAL THERAPIST	2	6	127.14	21.19	.006	63.57	.14
PORTABLE X-RAY	9	16	354.67	22.17	.017	39.41	.38
PROSTHETIST/ORTHOTISTS	1	1	3.08	3.08	.001	3.08	.00
PROSTHETICS	1	1	3.08	3.08	.001	3.08	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	9	312.16	34.68	.010	62.43	.34
SPEECH AND AUDIOLOGY	4	42	1,211.89	28.85	.045	302.97	1.31
HOSPICE SERVICES	1	30	3,512.70	117.09	.032	3512.70	3.80
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	631	14,549	84,263.78	5.79	15.729	133.54	91.10
EPSDT SUPPLEMENTAL SERVICE	12	4,110	113,351.70	27.58	4.443	9445.98	122.54
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	53	26,361	7,578.05	.29	28.498	142.98	8.19
@CALIF. CHILDREN SERVICES*	30	108	\$ 9,796.66	\$ 90.71	.117	\$ 326.56	\$ 10.59
@XOVER EXCLUDING STATE HOSP**	193	793	\$ 51,456.82	\$ 64.89	.857	\$ 266.62	\$ 55.63

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,037 01/17/03
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G	

3,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	15,469	88,077	\$	2,063,909.39	\$	23.43	28.878	\$	133.42	\$	676.69
@PHYSICIANS SERVICES	693	1,206	\$	51,037.03	\$	42.32	.395	\$	73.65	\$	16.73
OUTPATIENT VISITS	542	697		26,476.18		37.99	.229		48.85		8.68
OFFICE VISITS	407	510		18,809.83		36.88	.167		46.22		6.17
HOME VISITS	12	17		691.02		40.65	.006		57.59		.23
EMERGENCY ROOM	80	82		4,104.89		50.06	.027		51.31		1.35
PREVENTIVE CARE	2	2		101.96		50.98	.001		50.98		.03
OB VISITS/COMPRE PERI	2	12		520.24		43.35	.004		260.12		.17
OTHER OUTPATIENT	62	74		2,248.24		30.38	.024		36.26		.74
INPATIENT VISITS	9	28		3,859.13		137.83	.009		428.79		1.27
HOSPITAL VISITS	8	25		1,149.02		45.96	.008		143.63		.38
CRITICAL CARE	1	3		2,710.11		903.37	.001		2710.11		.89
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	5	5		228.74		45.75	.002		45.75		.07
EXAMINATIONS	5	5		228.74		45.75	.002		45.75		.07
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	14		2,710.58		193.61	.005		903.53		.89
PRINCIPAL SURGEON	2	1		1,989.31		1989.31	.000		994.66		.65
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	13		721.27		55.48	.004		721.27		.24
OUTPATIENT SURGERY	23	66		4,414.23		66.88	.022		191.92		1.45
PRINCIPAL SURGEON	20	33		3,584.82		108.63	.011		179.24		1.18
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	6	33		829.41		25.13	.011		138.24		.27
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	54	63		861.77		13.68	.021		15.96		.28
RADIOLOGY	112	157		5,581.86		35.55	.051		49.84		1.83
PSYCHIATRY	0	0		13.80		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	12		507.63		42.30	.004		63.45		.17
OTHER SERVICES/ALL X-OVERS	57	164		6,383.11		38.92	.054		111.98		2.09
@PHARMACY	1,123	4,787	\$	198,941.48	\$	41.56	1.570	\$	177.15	\$	65.23
PRESCRIPTION DRUGS	1,113	2,391		192,502.41		80.51	.784		172.96		63.12
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,113	2,391		192,502.41		80.51	.784		172.96		63.12
MEDICAL SUPPLIES	37	2,396		6,439.07		2.69	.786		174.03		2.11
@DENTIST	7,143	35,442	\$	1,293,328.36	\$	36.49	11.620	\$	181.06	\$	424.04
VISITS - DIAGNOSTIC	4,976	23,939		321,703.61		13.44	7.849		64.65		105.48
ORAL SURGERY	880	1,531		80,274.66		52.43	.502		91.22		26.32
DRUGS	76	88		1,630.00		18.52	.029		21.45		.53
ANESTHESIA	10	11		800.00		72.73	.004		80.00		.26
PERIODONTICS	257	263		46,153.00		175.49	.086		179.58		15.13
ENDODONTICS	703	1,291		232,726.80		180.27	.423		331.05		76.30
RESTORATIVE DENTISTRY	2,718	7,541		549,787.45		72.91	2.472		202.28		180.26
PROSTHETICS	41	45		1,330.00		29.56	.015		32.44		.44
DENTURES, STAYPLATES	64	319		25,022.00		78.44	.105		390.97		8.20
SPACE MAINTAINERS	81	115		10,082.00		87.67	.038		124.47		3.31
MAXILLOFACIAL SERVICES	14	16		1,402.18		87.64	.005		100.16		.46
FRACTURES, DISLOCATIONS	2	2		140.00		70.00	.001		70.00		.05
ORTHODONTIC SERVICES	202	248		21,451.66		86.50	.081		106.20		7.03
ALL OTHER SERVICES	32	33		825.00		25.00	.011		25.78		.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 17,038
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

3,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@OPTOMETRIST	99	269	\$	5,683.51	\$	21.13	.088	\$	57.41	\$	1.86
DIAGNOSTIC AND ANC. PROCED	57	57		2,648.82		46.47	.019		46.47		.87
EYE APPLIANCES	80	211		3,027.95		14.35	.069		37.85		.99
OTHER OPTOMETRIC SERVICES	1	1		6.74		6.74	.000		6.74		.00
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000	\$	16.72	\$	.01
VISITS	1	1		16.72		16.72	.000		16.72		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	48.78	\$	.00	.000	\$	.00	\$	.02
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		48.78		.00	.000		.00		.02
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	1	\$	27.39	\$	27.39	.000	\$	27.39	\$	.01
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	3	\$	54.36	\$	18.12	.001	\$	27.18	\$	.02
@TOTAL HOSPITAL	346	943	\$	76,240.16	\$	80.85	.309	\$	220.35	\$	25.00
HOSP INPATIENT TOTAL	17	49		51,350.52		1047.97	.016		3020.62		16.84
HSC HOSPITALS	16	48		50,226.53		1046.39	.016		3139.16		16.47
NON-HSC HOSPITAL TOTAL	1	1		1,123.99		1123.99	.000		1123.99		.37
ACCOMMODATIONS	1	1		345.93		345.93	.000		345.93		.11
ADMINISTRATIVE DAYS	0	0		13.48		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		332.45		332.45	.000		332.45		.11
ANCILLARIES	1	0		778.06		.00	.000		778.06		.26
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	336	894		24,889.64		27.84	.293		74.08		8.16
MEDICAL	80	89		3,476.76		39.06	.029		43.46		1.14
SURGERY	18	18		1,188.03		66.00	.006		66.00		.39
PATHOLOGY	100	277		3,128.62		11.29	.091		31.29		1.03
RADIOLOGY	58	81		4,481.55		55.33	.027		77.27		1.47
ROOM USE	197	222		8,027.20		36.16	.073		40.75		2.63
CROSSOVERS/ALL OTH OUTPTNT	120	207		4,587.48		22.16	.068		38.23		1.50
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
MOP024	FEE-FOR-SERVICE/DENTAL										
YOLO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

3,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	346	943	\$ 76,240.16	\$ 80.85	.309	\$ 220.35	\$ 25.00
COMM HOSP INPATIENT TOTAL	17	49	51,350.52	1047.97	.016	3020.62	16.84
HSC HOSPITALS	16	48	50,226.53	1046.39	.016	3139.16	16.47
NON-HSC HOSPITALS TOTAL	1	1	1,123.99	1123.99	.000	1123.99	.37
ACCOMMODATIONS	1	1	345.93	345.93	.000	345.93	.11
ADMINISTRATIVE DAYS	0	0	13.48	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	332.45	332.45	.000	332.45	.11
ANCILLARIES	1	0	778.06	.00	.000	778.06	.26
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	336	894	24,889.64	27.84	.293	74.08	8.16
MEDICAL	80	89	3,476.76	39.06	.029	43.46	1.14
SURGERY	18	18	1,188.03	66.00	.006	66.00	.39
PATHOLOGY	100	277	3,128.62	11.29	.091	31.29	1.03
RADIOLOGY	58	81	4,481.55	55.33	.027	77.27	1.47
ROOM USE	197	222	8,027.20	36.16	.073	40.75	2.63
CROSSOVERS/ALL OTH OUTPTNT	120	207	4,587.48	22.16	.068	38.23	1.50
@STATE HOSPITAL	4	122	\$ 86,892.56	\$ 712.23	.040	\$ 21723.14	\$ 28.49
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	4	122	86,892.56	712.23	.040	21723.14	28.49
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	3	\$ 1,858.71	\$ 619.57	.001	\$ 619.57	\$ .61
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	3	1,858.71	619.57	.001	619.57	.61
@REHABILITATION FACILITY	6	62	\$ 949.05	\$ 15.31	.020	\$ 158.18	\$ .31
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	6	62	949.05	15.31	.020	158.18	.31
@LABORATORY FACILITY	144	421	\$ 6,088.38	\$ 14.46	.138	\$ 42.28	\$ 2.00
PATHOLOGY	144	421	6,088.38	14.46	.138	42.28	2.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	389	583	\$ 67,814.83	\$ 116.32	.191	\$ 174.33	\$ 22.23
CLINIC	18	49	1,274.50	26.01	.016	70.81	.42
SURGICENTER	2	12	462.42	38.54	.004	231.21	.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	370	522	66,077.91	126.59	.171	178.59	21.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
YOLO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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01/17/03

	3,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7,201		44,234	\$ 274,928.07	\$ 6.22	14.503	\$ 38.18	\$ 90.14
DURABLE MED. EQUIP.	12		66	6,634.19	100.52	.022	552.85	2.18
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16		182	2,408.41	13.23	.060	150.53	.79
AMBULANCES/AIR TRANS	16		182	2,408.41	13.23	.060	150.53	.79
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	117		118	8,918.00	75.58	.039	76.22	2.92
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	995		2,095	19,202.96	9.17	.687	19.30	6.30
PHYSICAL THERAPIST	1		11	175.09	15.92	.004	175.09	.06
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4		12	1,868.28	155.69	.004	467.07	.61
PROSTHETICS	3		11	1,792.27	162.93	.004	597.42	.59
ORTHOTICS	1		1	76.01	76.01	.000	76.01	.02
PSYCHOLOGIST	5		20	1,405.46	70.27	.007	281.09	.46
SPEECH AND AUDIOLOGY	1		2	99.19	49.60	.001	99.19	.03
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,097		29,214	230,966.18	7.91	9.578	37.88	75.73
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20		12,514	3,250.31	.26	4.103	162.52	1.07
@CALIF. CHILDREN SERVICES*	61		371	\$ 56,260.85	\$ 151.65	.122	\$ 922.31	\$ 18.45
@XOVER EXCLUDING STATE HOSP**	5		7	\$ 2,875.11	\$ 410.73	.002	\$ 575.02	\$ .94

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



	4,062 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		26,821	195,770	\$ 7,103,316.97	\$ 36.28	48.195	\$ 264.84	\$ 1748.72
@PHYSICIANS SERVICES		1,132	2,570	\$ 97,211.91	\$ 37.83	.633	\$ 85.88	\$ 23.93
OUTPATIENT VISITS		711	921	39,886.77	43.31	.227	56.10	9.82
OFFICE VISITS		482	607	25,033.27	41.24	.149	51.94	6.16
HOME VISITS		13	18	725.32	40.30	.004	55.79	.18
EMERGENCY ROOM		155	176	9,272.36	52.68	.043	59.82	2.28
PREVENTIVE CARE		2	2	101.96	50.98	.000	50.98	.03
OB VISITS/COMPRE PERI		3	13	580.72	44.67	.003	193.57	.14
OTHER OUTPATIENT		87	105	4,173.14	39.74	.026	47.97	1.03
INPATIENT VISITS		100	226	10,830.59	47.92	.056	108.31	2.67
HOSPITAL VISITS		36	124	5,886.95	47.48	.031	163.53	1.45
CRITICAL CARE		1	3	2,710.11	903.37	.001	2710.11	.67
SNF/ICF/TRANS IP CARE		66	99	2,233.53	22.56	.024	33.84	.55
OPHTHALMOLOGICAL SERVICES		10	10	452.98	45.30	.002	45.30	.11
EXAMINATIONS		10	10	452.98	45.30	.002	45.30	.11
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		8	34	5,467.67	160.81	.008	683.46	1.35
PRINCIPAL SURGEON		6	5	3,547.53	709.51	.001	591.26	.87
ASSISTANT SURGEON		2	2	164.09	82.05	.000	82.05	.04
ANESTHESIOLOGIST		2	27	1,756.05	65.04	.007	878.03	.43
OUTPATIENT SURGERY		42	103	7,380.70	71.66	.025	175.73	1.82
PRINCIPAL SURGEON		35	49	5,854.97	119.49	.012	167.28	1.44
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		11	54	1,525.73	28.25	.013	138.70	.38
DIALYSIS		0	0	.00	.00	.000	.00	.00
PATHOLOGY		85	144	2,117.06	14.70	.035	24.91	.52
RADIOLOGY		186	281	12,084.62	43.01	.069	64.97	2.98
PSYCHIATRY		1	1	37.02	37.02	.000	37.02	.01
IMMUNIZATION AND INJECTION		12	141	2,221.40	15.75	.035	185.12	.55
OTHER SERVICES/ALL X-OVERS		212	709	16,733.10	23.60	.175	78.93	4.12
@PHARMACY		6,264	19,030	\$ 2,351,796.26	\$ 123.58	4.685	\$ 375.45	\$ 578.97
PRESCRIPTION DRUGS		6,242	15,224	2,341,036.11	153.77	3.748	375.05	576.33
SNF/ICF		436	2,154	266,635.48	123.79	.530	611.55	65.64
OUTPATIENTS		5,852	13,070	2,074,400.63	158.71	3.218	354.48	510.68
MEDICAL SUPPLIES		65	3,806	10,760.15	2.83	.937	165.54	2.65
@DENTIST		11,184	53,355	\$ 2,215,636.87	\$ 41.53	13.135	\$ 198.11	\$ 545.45
VISITS - DIAGNOSTIC		7,413	35,220	461,394.53	13.10	8.671	62.24	113.59
ORAL SURGERY		1,385	2,731	139,120.21	50.94	.672	100.45	34.25
DRUGS		77	89	1,655.00	18.60	.022	21.49	.41
ANESTHESIA		13	14	1,100.00	78.57	.003	84.62	.27
PERIODONTICS		627	659	116,254.68	176.41	.162	185.41	28.62
ENDODONTICS		998	1,786	351,208.05	196.65	.440	351.91	86.46
RESTORATIVE DENTISTRY		3,857	10,492	890,542.95	84.88	2.583	230.89	219.24
PROSTHETICS		87	95	3,045.00	32.05	.023	35.00	.75
DENTURES, STAYPLATES		632	1,814	207,609.42	114.45	.447	328.50	51.11
SPACE MAINTAINERS		83	117	10,193.00	87.12	.029	122.81	2.51
MAXILLOFACIAL SERVICES		21	29	7,257.37	250.25	.007	345.59	1.79
FRACTURES, DISLOCATIONS		3	3	1,340.00	446.67	.001	446.67	.33
ORTHODONTIC SERVICES		210	259	22,741.66	87.81	.064	108.29	5.60
ALL OTHER SERVICES		43	47	2,175.00	46.28	.012	50.58	.54

4,062 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	204	580	\$ 12,403.12	\$ 21.38	.143	\$	60.80	\$ 3.05
DIAGNOSTIC AND ANC. PROCED	112	114	5,258.11	46.12	.028		46.95	1.29
EYE APPLIANCES	168	461	7,027.35	15.24	.113		41.83	1.73
OTHER OPTOMETRIC SERVICES	3	5	117.66	23.53	.001		39.22	.03
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000	\$	16.72	\$ .00
VISITS	1	1	16.72	16.72	.000		16.72	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	18	33	\$ 626.90	\$ 19.00	.008	\$	34.83	\$ .15
MEDICINE/INJECTIONS	11	12	370.00	30.83	.003		33.64	.09
SURGERY/ANES.	0	0	48.78	.00	.000		.00	.01
RADIO./PATHOLOGY	1	2	34.60	17.30	.000		34.60	.01
OTHER	7	19	173.52	9.13	.005		24.79	.04
@HOME HEALTH AGENCY	5	12	\$ 800.10	\$ 66.68	.003	\$	160.02	\$ .20
NURSE ANESTHESIST	0	0	.00	.00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	.00	.00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	4	5	\$ 102.36	\$ 20.47	.001	\$	25.59	\$ .03
@TOTAL HOSPITAL	578	1,913	\$ 242,485.36	\$ 126.76	.471	\$	419.52	\$ 59.70
HOSP INPATIENT TOTAL	67	347	196,785.22	567.10	.085		2937.09	48.45
HSC HOSPITALS	24	82	90,029.73	1097.92	.020		3751.24	22.16
NON-HSC HOSPITAL TOTAL	11	34	86,138.34	2533.48	.008		7830.76	21.21
ACCOMMODATIONS	11	34	39,234.21	1153.95	.008		3566.75	9.66
ADMINISTRATIVE DAYS	1	1	1,780.19CR	1780.19CR	.000		1780.19CR	.44CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	10	33	41,014.40	1242.86	.008		4101.44	10.10
ANCILLARIES	11	0	46,904.13	.00	.000		4264.01	11.55
INPATIENT CROSSOVERS	32	231	20,617.15	89.25	.057		644.29	5.08
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	522	1,566	45,700.14	29.18	.386		87.55	11.25
MEDICAL	105	117	6,367.19	54.42	.029		60.64	1.57
SURGERY	25	25	1,519.71	60.79	.006		60.79	.37
PATHOLOGY	154	472	5,549.31	11.76	.116		36.03	1.37
RADIOLOGY	90	131	9,441.99	72.08	.032		104.91	2.32
ROOM USE	291	338	12,820.60	37.93	.083		44.06	3.16
CROSSOVERS/ALL OTH OUTPTNT	225	483	10,001.34	20.71	.119		44.45	2.46
@COUNTY HOSPITAL TOTAL	3	20	\$ 21,797.06	\$ 1089.85	.005	\$	7265.69	\$ 5.37
CO HOSPITAL INPATIENT TOTAL	1	16	21,632.00	1352.00	.004		21632.00	5.33
HSC HOSPITALS	1	16	21,632.00	1352.00	.004		21632.00	5.33
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	165.06	41.27	.001		82.53	.04
MEDICAL	1	1	34.31	34.31	.000		34.31	.01
SURGERY	1	1	62.63	62.63	.000		62.63	.02
PATHOLOGY	1	1	23.23	23.23	.000		23.23	.01

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.32	33.32	.000	33.32	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	11.57	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,043  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR CASH GRANT

	4,062 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	575	1,893	\$	220,688.30	\$ 116.58	.466	\$ 383.81	\$ 54.33
COMM HOSP INPATIENT TOTAL	66	331		175,153.22	529.16	.081	2653.84	43.12
HSC HOSPITALS	23	66		68,397.73	1036.33	.016	2973.81	16.84
NON-HSC HOSPITALS TOTAL	11	34		86,138.34	2533.48	.008	7830.76	21.21
ACCOMMODATIONS	11	34		39,234.21	1153.95	.008	3566.75	9.66
ADMINISTRATIVE DAYS	1	1		1,780.19CR	1780.19CR	.000	1780.19CR	.44CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	33		41,014.40	1242.86	.008	4101.44	10.10
ANCILLARIES	11	0		46,904.13	.00	.000	4264.01	11.55
INPATIENT CROSSOVERS	32	231		20,617.15	89.25	.057	644.29	5.08
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	520	1,562		45,535.08	29.15	.385	87.57	11.21
MEDICAL	104	116		6,332.88	54.59	.029	60.89	1.56
SURGERY	24	24		1,457.08	60.71	.006	60.71	.36
PATHOLOGY	153	471		5,526.08	11.73	.116	36.12	1.36
RADIOLOGY	90	131		9,441.99	72.08	.032	104.91	2.32
ROOM USE	290	337		12,787.28	37.94	.083	44.09	3.15
CROSSOVERS/ALL OTH OUTPTNT	225	483		9,989.77	20.68	.119	44.40	2.46
@STATE HOSPITAL	16	469	\$	289,960.75	\$ 618.25	.115	\$ 18122.55	\$ 71.38
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	16	469		289,960.75	618.25	.115	18122.55	71.38
@NURSING FACILITY	65	1,368	\$	187,782.11	\$ 137.27	.337	\$ 2888.96	\$ 46.23
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	10	272		32,617.15	119.92	.067	3261.72	8.03
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	31		15,525.81	500.83	.008	15525.81	3.82
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	54	1,065		139,639.15	131.12	.262	2585.91	34.38
@INTERMEDIATE CARE FACIL.-DD	1	30	\$	2,723.55	\$ 90.79	.007	\$ 2723.55	\$ .67
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	30		2,723.55	90.79	.007	2723.55	.67
@HEMODIALYSIS TOTAL	7	8	\$	4,818.55	\$ 602.32	.002	\$ 688.36	\$ 1.19
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	8		4,818.55	602.32	.002	688.36	1.19
@REHABILITATION FACILITY	8	64	\$	1,059.91	\$ 16.56	.016	\$ 132.49	\$ .26
HOSPITAL BASED	2	2		110.86	55.43	.000	55.43	.03
INDEPENDENT FACILITY	6	62		949.05	15.31	.015	158.18	.23
@LABORATORY FACILITY	307	1,050	\$	14,081.02	\$ 13.41	.258	\$ 45.87	\$ 3.47
PATHOLOGY	306	1,049		14,078.53	13.42	.258	46.01	3.47
XO AND OTHERS	1	1		2.49	2.49	.000	2.49	.00
@ORGANIZED OUTPATIENT CLINIC	536	850	\$	103,394.94	\$ 121.64	.209	\$ 192.90	\$ 25.45
CLINIC	35	76		2,058.64	27.09	.019	58.82	.51
SURGICENTER	7	40		1,372.89	34.32	.010	196.13	.34
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	495	734		99,963.41	136.19	.181	201.95	24.61

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,044

4,062 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10,026	114,432	\$ 1,578,416.54	\$ 13.79	28.171	\$ 157.43	\$ 388.58
DURABLE MED. EQUIP.	28	118	11,200.91	94.92	.029	400.03	2.76
BLOOD BANK	0	0	66.50	.00	.000	.00	.02
HEARING AID DISPENSERS	3	4	874.42	218.61	.001	291.47	.22
MEDICAL TRANSPORTATION	79	1,722	16,007.71	9.30	.424	202.63	3.94
AMBULANCES/AIR TRANS	57	830	9,997.59	12.05	.204	175.40	2.46
OTHER TRANS	18	875	3,944.69	4.51	.215	219.15	.97
OTHER SERVICES	5	17	2,065.43	121.50	.004	413.09	.51
ACUPUNCTURE	1	4	64.88	16.22	.001	64.88	.02
ADULT DAY HEALTH CARE CTR	634	11,022	738,341.87	66.99	2.713	1164.58	181.77
GENETIC DISEASE TESTING	130	131	9,906.00	75.62	.032	76.20	2.44
IHMC,MODEL-NF,NF,AIDS,MSSP	88	9,404	298,581.14	31.75	2.315	3392.97	73.51
OCCUPATIONAL THERAPIST	2	14	268.00	19.14	.003	134.00	.07
OPTICIAN	2,304	4,990	53,903.70	10.80	1.228	23.40	13.27
PHYSICAL THERAPIST	3	17	302.23	17.78	.004	100.74	.07
PORTABLE X-RAY	9	16	354.67	22.17	.004	39.41	.09
PROSTHETIST/ORTHOTISTS	5	13	1,871.36	143.95	.003	374.27	.46
PROSTHETICS	4	12	1,795.35	149.61	.003	448.84	.44
ORTHOTICS	1	1	76.01	76.01	.000	76.01	.02
PSYCHOLOGIST	10	29	1,717.62	59.23	.007	171.76	.42
SPEECH AND AUDIOLOGY	5	44	1,311.08	29.80	.011	262.22	.32
HOSPICE SERVICES	1	30	3,512.70	117.09	.007	3512.70	.86
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,739	43,791	315,505.20	7.20	10.781	46.82	77.67
EPSDT SUPPLEMENTAL SERVICE	12	4,110	113,351.70	27.58	1.012	9445.98	27.91
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	83	38,973		11,274.85		.29	9.595	135.84	2.78
@CALIF. CHILDREN SERVICES*	91	479	\$	66,062.69	\$	137.92	.118	\$ 725.96	\$ 16.26
@XOVER EXCLUDING STATE HOSP**	235	1,499	\$	56,102.90	\$	37.43	.369	\$ 238.74	\$ 13.81

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 17,045

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

YOLO COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	31	125	\$	5,933.80	\$ 47.47	4.630	\$ 191.41	\$ 219.77
@PHYSICIANS SERVICES	6	15	\$	758.43	\$ 50.56	.556	\$ 126.41	\$ 28.09
OUTPATIENT VISITS	6	17		856.41	50.38	.630	142.74	31.72
OFFICE VISITS	6	17		783.66	46.10	.630	130.61	29.02
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		6.45	.00	.000	.00	.24
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		66.30	.00	.000	.00	2.46
INPATIENT VISITS	0	0		14.21CR	.00	.000	.00	.53CR
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		14.21CR	.00	.000	.00	.53CR
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2CR		83.77CR	41.89	.074CR	83.77CR	3.10CR
@PHARMACY	19	89	\$	3,637.73	\$ 40.87	3.296	\$ 191.46	\$ 134.73
PRESCRIPTION DRUGS	14	60		1,823.67	30.39	2.222	130.26	67.54
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	14	60		1,823.67	30.39	2.222	130.26	67.54
MEDICAL SUPPLIES	5	29		1,814.06	62.55	1.074	362.81	67.19
@DENTIST	0	0	\$	.00	\$ .00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,046
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69
					----- MONTHLY AVERAGE -----		
27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	4	\$ 795.35	\$ 198.84	.148	\$ 265.12	\$ 29.46
HOSP INPATIENT TOTAL	1	1	510.00	510.00	.037	510.00	18.89
HSC HOSPITALS	1	1	510.00	510.00	.037	510.00	18.89
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	3	285.35	95.12	.111	142.68	10.57
MEDICAL	1	1	157.01	157.01	.037	157.01	5.82
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	67.30	.00	.000	.00	2.49
RADIOLOGY	1	1	27.46	27.46	.037	27.46	1.02
ROOM USE	1	1	33.06	33.06	.037	33.06	1.22
CROSSOVERS/ALL OTH OUTPTNT	0	0	.52	.00	.000	.00	.02
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,047  
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YOLO COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4	\$ 795.35	\$ 198.84	.148	\$ 265.12	\$ 29.46
COMM HOSP INPATIENT TOTAL	1	1	510.00	510.00	.037	510.00	18.89
HSC HOSPITALS	1	1	510.00	510.00	.037	510.00	18.89
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	3	285.35	95.12	.111	142.68	10.57
MEDICAL	1	1	157.01	157.01	.037	157.01	5.82
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	67.30	.00	.000	.00	2.49
RADIOLOGY	1	1	27.46	27.46	.037	27.46	1.02
ROOM USE	1	1	33.06	33.06	.037	33.06	1.22
CROSSOVERS/ALL OTH OUTPTNT	0	0	.52	.00	.000	.00	.02
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 15.17	\$ 15.17	.037	\$ 15.17	\$ .56
PATHOLOGY	1	1	15.17	15.17	.037	15.17	.56
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	3	3	\$	462.28	\$	154.09	.111	\$	154.09	\$	17.12
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	3		462.28		154.09	.111		154.09		17.12

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,048  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	13	\$ 264.84	\$ 20.37	.481	\$ 44.14	\$ 9.81
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	137.00	45.67	.111	45.67	5.07
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	10	127.84	12.78	.370	42.61	4.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	32	\$ 2,475.48	\$ 77.36	1.185	\$ 309.44	\$ 91.68
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,049
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

3,602 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,500	18,505	\$ 1,378,608.05	\$ 74.50	5.137	\$ 551.44	\$ 382.73
@PHYSICIANS SERVICES	951	2,495	\$ 194,224.31	\$ 77.85	.693	\$ 204.23	\$ 53.92
OUTPATIENT VISITS	260	483	20,449.10	42.34	.134	78.65	5.68
OFFICE VISITS	75	93	3,912.29	42.07	.026	52.16	1.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	94	101	5,925.29	58.67	.028	63.04	1.65



PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	74	255	9,748.01	38.23	.071	131.73	2.71
OTHER OUTPATIENT	29	34	863.51	25.40	.009	29.78	.24
INPATIENT VISITS	114	334	21,990.49	65.84	.093	192.90	6.11
HOSPITAL VISITS	102	229	9,951.49	43.46	.064	97.56	2.76
CRITICAL CARE	19	105	12,039.00	114.66	.029	633.63	3.34
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	201	600	105,249.16	175.42	.167	523.63	29.22
PRINCIPAL SURGEON	113	123	85,727.40	696.97	.034	758.65	23.80
ASSISTANT SURGEON	27	27	4,958.09	183.63	.007	183.63	1.38
ANESTHESIOLOGIST	84	450	14,563.67	32.36	.125	173.38	4.04
OUTPATIENT SURGERY	98	165	9,328.60	56.54	.046	95.19	2.59
PRINCIPAL SURGEON	88	107	7,434.72	69.48	.030	84.49	2.06
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.05
ANESTHESIOLOGIST	17	57	1,707.38	29.95	.016	100.43	.47
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	116	200	4,422.10	22.11	.056	38.12	1.23
RADIOLOGY	413	526	28,405.91	54.00	.146	68.78	7.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	23	65	1,149.66	17.69	.018	49.99	.32
OTHER SERVICES/ALL X-OVERS	68	122	3,229.29	26.47	.034	47.49	.90
@PHARMACY	594	1,119	\$ 41,651.17	\$ 37.22	.311	\$ 70.12	\$ 11.56
PRESCRIPTION DRUGS	571	1,001	33,294.39	33.26	.278	58.31	9.24
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	571	1,001	33,294.39	33.26	.278	58.31	9.24
MEDICAL SUPPLIES	50	118	8,356.78	70.82	.033	167.14	2.32
@DENTIST	17	57	\$ 532.00	\$ 9.33	.016	\$ 31.29	\$ .15
VISITS - DIAGNOSTIC	14	43	157.00	3.65	.012	11.21	.04
ORAL SURGERY	4	4	175.00	43.75	.001	43.75	.05

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.06
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	9	.00	.00	.002	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,050  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

	3,602 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	46	61	\$	3,797.83	\$ 62.26	.017	\$ 82.56	\$ 1.05
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	1,238	9,624	\$	968,891.86	\$ 100.67	2.672	\$ 782.63	\$ 268.99
HOSP INPATIENT TOTAL	236	747		744,639.07	996.84	.207	3155.25	206.73
HSC HOSPITALS	121	309		330,632.64	1070.01	.086	2732.50	91.79
NON-HSC HOSPITAL TOTAL	116	438		414,006.43	945.22	.122	3569.02	114.94
ACCOMMODATIONS	116	438		156,255.07	356.75	.122	1347.03	43.38
ADMINISTRATIVE DAYS	0	0		161.76	.00	.000	.00	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	116	438		156,093.31	356.38	.122	1345.63	43.34
ANCILLARIES	116	0		257,751.36	.00	.000	2221.99	71.56
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,133	8,877		224,252.79	25.26	2.464	197.93	62.26
MEDICAL	94	108		3,697.15	34.23	.030	39.33	1.03
SURGERY	64	85		3,139.53	36.94	.024	49.06	.87
PATHOLOGY	381	1,100		12,488.10	11.35	.305	32.78	3.47
RADIOLOGY	122	135		8,337.65	61.76	.037	68.34	2.31
ROOM USE	886	1,682		53,563.34	31.85	.467	60.46	14.87
CROSSOVERS/ALL OTH OUTPTNT	888	5,767		143,027.02	24.80	1.601	161.07	39.71
@COUNTY HOSPITAL TOTAL	8	42	\$	5,789.18	\$ 137.84	.012	\$ 723.65	\$ 1.61
CO HOSPITAL INPATIENT TOTAL	1	4		4,800.02	1200.01	.001	4800.02	1.33
HSC HOSPITALS	1	4		4,800.02	1200.01	.001	4800.02	1.33

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	38	989.16	26.03	.011	141.31	.27
MEDICAL	1	1	8.68	8.68	.000	8.68	.00
SURGERY	3	4	119.10	29.78	.001	39.70	.03
PATHOLOGY	5	16	310.82	19.43	.004	62.16	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	8	471.96	59.00	.002	117.99	.13
CROSSOVERS/ALL OTH OUTPTNT	4	9	78.60	8.73	.002	19.65	.02

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

	3,602 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,231		9,582	\$ 963,102.68	\$ 100.51	2.660	\$ 782.37	\$ 267.38
COMM HOSP INPATIENT TOTAL	235		743	739,839.05	995.75	.206	3148.25	205.40
HSC HOSPITALS	120		305	325,832.62	1068.30	.085	2715.27	90.46
NON-HSC HOSPITALS TOTAL	116		438	414,006.43	945.22	.122	3569.02	114.94
ACCOMMODATIONS	116		438	156,255.07	356.75	.122	1347.03	43.38
ADMINISTRATIVE DAYS	0		0	161.76	.00	.000	.00	.04
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	116		438	156,093.31	356.38	.122	1345.63	43.34
ANCILLARIES	116		0	257,751.36	.00	.000	2221.99	71.56
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,126		8,839	223,263.63	25.26	2.454	198.28	61.98
MEDICAL	93		107	3,688.47	34.47	.030	39.66	1.02
SURGERY	61		81	3,020.43	37.29	.022	49.52	.84
PATHOLOGY	376		1,084	12,177.28	11.23	.301	32.39	3.38
RADIOLOGY	122		135	8,337.65	61.76	.037	68.34	2.31
ROOM USE	882		1,674	53,091.38	31.72	.465	60.19	14.74
CROSSOVERS/ALL OTH OUTPTNT	884		5,758	142,948.42	24.83	1.599	161.71	39.69
@STATE HOSPITAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	708	1,760	\$	24,004.16	\$	13.64	.489	\$	33.90	\$	6.66
PATHOLOGY	708	1,760		24,004.16		13.64	.489		33.90		6.66
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	498	2,811	\$	122,864.52	\$	43.71	.780	\$	246.72	\$	34.11
CLINIC	476	2,763		118,273.96		42.81	.767		248.47		32.84
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	22	48		4,590.56		95.64	.013		208.66		1.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 17,052
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

						----- MONTHLY AVERAGE -----		
3,602 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	196	578	\$ 22,642.20	\$ 39.17	.160	\$ 115.52	\$ 6.29	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	21	398	7,654.90	19.23	.110	364.52	2.13	
AMBULANCES/AIR TRANS	21	396	4,579.90	11.57	.110	218.09	1.27	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	2	2	3,075.00	1537.50	.001	1537.50	.85	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	172	172	14,498.00	84.29	.048	84.29	4.02	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	5	8	489.30	61.16	.002	97.86	.14	
PROSTHETICS	5	8	489.30	61.16	.002	97.86	.14	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	2	12	\$ 15,392.50	\$ 1282.71	.003	\$ 7696.25	\$ 4.27	
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 17,053
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	0	0	\$	22.13	\$	.00	.000	\$	.00	\$	1.38
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 17,054

FEE-FOR-SERVICE/DENTAL

01/17/03

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,055  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ 22.13	\$ .00	.000	\$ .00	\$ 1.38
CLINIC	0	0	22.13	.00	.000	.00	1.38
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,056
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



		----- MONTHLY AVERAGE -----						
3,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,531	18,630	\$ 1,384,563.98	\$ 74.32	5.111	\$ 547.04	\$ 379.85	
@PHYSICIANS SERVICES	957	2,510	\$ 194,982.74	\$ 77.68	.689	\$ 203.74	\$ 53.49	
OUTPATIENT VISITS	266	500	21,305.51	42.61	.137	80.10	5.85	
OFFICE VISITS	81	110	4,695.95	42.69	.030	57.97	1.29	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	94	101	5,931.74	58.73	.028	63.10	1.63	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	74	255	9,748.01	38.23	.070	131.73	2.67	
OTHER OUTPATIENT	29	34	929.81	27.35	.009	32.06	.26	
INPATIENT VISITS	114	334	21,976.28	65.80	.092	192.77	6.03	
HOSPITAL VISITS	102	229	9,951.49	43.46	.063	97.56	2.73	
CRITICAL CARE	19	105	12,024.79	114.52	.029	632.88	3.30	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	201	600	105,249.16	175.42	.165	523.63	28.87	
PRINCIPAL SURGEON	113	123	85,727.40	696.97	.034	758.65	23.52	
ASSISTANT SURGEON	27	27	4,958.09	183.63	.007	183.63	1.36	
ANESTHESIOLOGIST	84	450	14,563.67	32.36	.123	173.38	4.00	
OUTPATIENT SURGERY	98	165	9,328.60	56.54	.045	95.19	2.56	
PRINCIPAL SURGEON	88	107	7,434.72	69.48	.029	84.49	2.04	
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.05	
ANESTHESIOLOGIST	17	57	1,707.38	29.95	.016	100.43	.47	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	116	200	4,422.10	22.11	.055	38.12	1.21	
RADIOLOGY	413	526	28,405.91	54.00	.144	68.78	7.79	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	23	65	1,149.66	17.69	.018	49.99	.32	
OTHER SERVICES/ALL X-OVERS	69	120	3,145.52	26.21	.033	45.59	.86	
@PHARMACY	613	1,208	\$ 45,288.90	\$ 37.49	.331	\$ 73.88	\$ 12.42	
PRESCRIPTION DRUGS	585	1,061	35,118.06	33.10	.291	60.03	9.63	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	585	1,061	35,118.06	33.10	.291	60.03	9.63	
MEDICAL SUPPLIES	55	147	10,170.84	69.19	.040	184.92	2.79	
@DENTIST	17	57	\$ 532.00	\$ 9.33	.016	\$ 31.29	\$ .15	
VISITS - DIAGNOSTIC	14	43	157.00	3.65	.012	11.21	.04	
ORAL SURGERY	4	4	175.00	43.75	.001	43.75	.05	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.05	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	3	9	.00	.00	.002	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

3,645 ELIGIBLES		MONTHLY AVERAGE							
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00		
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	0	0	.00	.00	.000	.00	.00		
@HOME HEALTH AGENCY	46	61	\$ 3,797.83	\$ 62.26	.017	\$ 82.56	\$ 1.04		
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
@TOTAL HOSPITAL	1,241	9,628	\$ 969,687.21	\$ 100.72	2.641	\$ 781.38	\$ 266.03		
HOSP INPATIENT TOTAL	237	748	745,149.07	996.19	.205	3144.09	204.43		
HSC HOSPITALS	122	310	331,142.64	1068.20	.085	2714.28	90.85		
NON-HSC HOSPITAL TOTAL	116	438	414,006.43	945.22	.120	3569.02	113.58		
ACCOMMODATIONS	116	438	156,255.07	356.75	.120	1347.03	42.87		
ADMINISTRATIVE DAYS	0	0	161.76	.00	.000	.00	.04		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	116	438	156,093.31	356.38	.120	1345.63	42.82		
ANCILLARIES	116	0	257,751.36	.00	.000	2221.99	70.71		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	1,135	8,880	224,538.14	25.29	2.436	197.83	61.60		
MEDICAL	95	109	3,854.16	35.36	.030	40.57	1.06		
SURGERY	64	85	3,139.53	36.94	.023	49.06	.86		
PATHOLOGY	381	1,100	12,555.40	11.41	.302	32.95	3.44		
RADIOLOGY	123	136	8,365.11	61.51	.037	68.01	2.29		
ROOM USE	887	1,683	53,596.40	31.85	.462	60.42	14.70		
CROSSOVERS/ALL OTH OUTPTNT	888	5,767	143,027.54	24.80	1.582	161.07	39.24		
@COUNTY HOSPITAL TOTAL	8	42	\$ 5,789.18	\$ 137.84	.012	\$ 723.65	\$ 1.59		
CO HOSPITAL INPATIENT TOTAL	1	4	4,800.02	1200.01	.001	4800.02	1.32		
HSC HOSPITALS	1	4	4,800.02	1200.01	.001	4800.02	1.32		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
CO HOSP OUTPATIENT TOTAL	7	38	989.16	26.03	.010	141.31	.27		
MEDICAL	1	1	8.68	8.68	.000	8.68	.00		
SURGERY	3	4	119.10	29.78	.001	39.70	.03		
PATHOLOGY	5	16	310.82	19.43	.004	62.16	.09		

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	8	471.96	59.00	.002	117.99	.13
CROSSOVERS/ALL OTH OUTPTNT	4	9	78.60	8.73	.002	19.65	.02

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,059  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 185%/60-DAY PP      AID CODES 44 47 48 49 69 76

	3,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,234		9,586 \$	963,898.03	\$ 100.55	2.630	\$ 781.12	\$ 264.44
COMM HOSP INPATIENT TOTAL	236		744	740,349.05	995.09	.204	3137.07	203.11
HSC HOSPITALS	121		306	326,342.62	1066.48	.084	2697.05	89.53
NON-HSC HOSPITALS TOTAL	116		438	414,006.43	945.22	.120	3569.02	113.58
ACCOMMODATIONS	116		438	156,255.07	356.75	.120	1347.03	42.87
ADMINISTRATIVE DAYS	0		0	161.76	.00	.000	.00	.04
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	116		438	156,093.31	356.38	.120	1345.63	42.82
ANCILLARIES	116		0	257,751.36	.00	.000	2221.99	70.71
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,128		8,842	223,548.98	25.28	2.426	198.18	61.33
MEDICAL	94		108	3,845.48	35.61	.030	40.91	1.06
SURGERY	61		81	3,020.43	37.29	.022	49.52	.83
PATHOLOGY	376		1,084	12,244.58	11.30	.297	32.57	3.36
RADIOLOGY	123		136	8,365.11	61.51	.037	68.01	2.29
ROOM USE	883		1,675	53,124.44	31.72	.460	60.16	14.57
CROSSOVERS/ALL OTH OUTPTNT	884		5,758	142,948.94	24.83	1.580	161.71	39.22
@STATE HOSPITAL	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	709	1,761	\$ 24,019.33	\$ 13.64	.483	\$ 33.88	\$ 6.59
PATHOLOGY	709	1,761	24,019.33	13.64	.483	33.88	6.59
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	501	2,814	\$ 123,348.93	\$ 43.83	.772	\$ 246.21	\$ 33.84
CLINIC	476	2,763	118,296.09	42.81	.758	248.52	32.45
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	51	5,052.84	99.08	.014	202.11	1.39

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

PAGE 17,060  
 01/17/03

3,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	202	591	\$ 22,907.04	\$ 38.76	.162	\$ 113.40	\$ 6.28
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	398	7,654.90	19.23	.109	364.52	2.10
AMBULANCES/AIR TRANS	21	396	4,579.90	11.57	.109	218.09	1.26
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.001	1537.50	.84
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	175	175	14,635.00	83.63	.048	83.63	4.02
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	8	489.30	61.16	.002	97.86	.13
PROSTHETICS	5	8	489.30	61.16	.002	97.86	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	10	127.84	12.78	.003	42.61	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	10	44	\$	17,867.98	\$	406.09	.012	\$ 1786.80 \$ 4.90
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024 FEE-FOR-SERVICE/DENTAL  
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

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				AID CODE 16		----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	96	1,063	\$ 36,397.30	\$ 34.24	.000	\$ 379.14	\$ .00	
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	
@PHARMACY	8	488	\$ 1,133.57	\$ 2.32	.000	\$ 141.70	\$ .00	
PRESCRIPTION DRUGS	8	16	754.71	47.17	.000	94.34	.00	
SNF/ICF	1	1	12.64	12.64	.000	12.64	.00	
OUTPATIENTS	7	15	742.07	49.47	.000	106.01	.00	
MEDICAL SUPPLIES	1	472	378.86	.80	.000	378.86	.00	
@DENTIST	43	177	\$ 10,905.68	\$ 61.61	.000	\$ 253.62	\$ .00	
VISITS - DIAGNOSTIC	23	93	1,230.68	13.23	.000	53.51	.00	
ORAL SURGERY	4	7	340.00	48.57	.000	85.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	7	7	1,255.00	179.29	.000	179.29	.00	
ENDODONTICS	2	3	520.00	173.33	.000	260.00	.00	
RESTORATIVE DENTISTRY	9	21	4,000.00	190.48	.000	444.44	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	

DENTURES, STAYPLATES	12	46	3,560.00	77.39	.000	296.67	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	8	\$ 151.68	\$ 18.96	.000	\$ 50.56	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	8	151.68	18.96	.000	50.56	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	1	5	\$ 359.77	\$ 71.95	.000	\$ 359.77	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	5	359.77	71.95	.000	359.77	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	5	359.77	71.95	.000	359.77	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,063  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREGARD - AGED      AID CODE 16

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	5	\$ 359.77	\$ 71.95	.000	\$ 359.77	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	5	359.77	71.95	.000	359.77	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	5	359.77	71.95	.000	359.77	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ 647.36	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	647.36	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	0	0	\$	13.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		13.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,064  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	44	385	\$ 23,186.24	\$ 60.22	.000	\$ 526.96	\$ .00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	17	301	20,176.73	67.03	.000	1186.87	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	4	26	2,227.01	85.65	.000	556.75	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	24	47	601.69	12.80	.000	25.07	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	



HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	11	180.81	16.44	.000	60.27	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	4	16	\$ 540.58	\$ 33.79	.000	\$ 135.15	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,065
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	8	\$ 228.00	\$ 28.50	.000	\$ 114.00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	8	\$ 228.00	\$ 28.50	.000	\$ 114.00	\$ .00
VISITS - DIAGNOSTIC	2	5	100.00	20.00	.000	50.00	.00
ORAL SURGERY	1	3	128.00	42.67	.000	128.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,066  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 YOLO COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREGARD - BLIND      AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,067
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND						AID CODES 26 6A
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,068  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREGARD - BLIND      AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00
BLOOD BANK	0	0		.00	.000		.00
HEARING AID DISPENSERS	0	0		.00	.000		.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00
OTHER TRANS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
ACUPUNCTURE	0	0		.00	.000		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000		.00
OCCUPATIONAL THERAPIST	0	0		.00	.000		.00
OPTICIAN	0	0		.00	.000		.00
PHYSICAL THERAPIST	0	0		.00	.000		.00
PORTABLE X-RAY	0	0		.00	.000		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000		.00
PROSTHETICS	0	0		.00	.000		.00
ORTHOTICS	0	0		.00	.000		.00
PSYCHOLOGIST	0	0		.00	.000		.00
SPEECH AND AUDIOLOGY	0	0		.00	.000		.00
HOSPICE SERVICES	0	0		.00	.000		.00
NONINST BIRTHING CENTERS	0	0		.00	.000		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000		.00
RESPIRATORY CARE PRACT.	0	0		.00	.000		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000		.00
ALL OTHER PROVIDERS	0	0		.00	.000		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,069  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREG - DISABLED AID CODES 36 66 6C

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	201	523	\$	48,728.42	\$	93.17	.000	\$	242.43	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	107	164	\$	27,432.04	\$	167.27	.000	\$	256.37	\$	.00
PRESCRIPTION DRUGS	107	164		27,432.04		167.27	.000		256.37		.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	107	164	27,432.04	167.27	.000	256.37	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	85	281	\$ 16,006.00	\$ 56.96	.000	\$ 188.31	\$ .00
VISITS - DIAGNOSTIC	46	168	2,512.00	14.95	.000	54.61	.00
ORAL SURGERY	15	42	2,112.00	50.29	.000	140.80	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	8	8	1,050.00	131.25	.000	131.25	.00
ENDODONTICS	2	2	475.00	237.50	.000	237.50	.00
RESTORATIVE DENTISTRY	19	29	3,377.00	116.45	.000	177.74	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	17	32	6,480.00	202.50	.000	381.18	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

PAGE 17,070  
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$ 21.87	\$ 10.94	.000	\$ 21.87	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	21.87	10.94	.000	21.87	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2	8	\$ 1,209.37	\$ 151.17	.000	\$ 604.69	\$ .00
HOSP INPATIENT TOTAL	2	8	1,206.09	150.76	.000	603.05	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	8	1,206.09	150.76	.000	603.05	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	3.28	.00	.000	.00	.00
MEDICAL	0	0	3.28	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,071
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	2	8	\$ 1,209.37	\$ 151.17	.000	\$ 604.69	\$ .00
COMM HOSP INPATIENT TOTAL	2	8	1,206.09	150.76	.000	603.05	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	8	1,206.09	150.76	.000	603.05	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	3.28	.00	.000	.00	.00
MEDICAL	0	0	3.28	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,072
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	27	68	\$ 4,059.14	\$ 59.69	.000	\$ 150.34	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8	29	3,510.30	121.04	.000	438.79	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	39	548.84	14.07	.000	28.89	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	3	2	\$ 1,227.96	\$ 613.98	.000	\$ 409.32	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PAGE 17,074  
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PAGE 17,075

01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,076  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - FAMILIES      AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024      FEE-FOR-SERVICE/DENTAL  
YOLO COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	299	1,594	\$ 85,353.72	\$ 53.55	.000	\$ 285.46	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	115	652	\$ 28,565.61	\$ 43.81	.000	\$ 248.40	\$ .00
PRESCRIPTION DRUGS	115	180	28,186.75	156.59	.000	245.10	.00
SNF/ICF	1	1	12.64	12.64	.000	12.64	.00
OUTPATIENTS	114	179	28,174.11	157.40	.000	247.14	.00
MEDICAL SUPPLIES	1	472	378.86	.80	.000	378.86	.00
@DENTIST	130	466	\$ 27,139.68	\$ 58.24	.000	\$ 208.77	\$ .00
VISITS - DIAGNOSTIC	71	266	3,842.68	14.45	.000	54.12	.00
ORAL SURGERY	20	52	2,580.00	49.62	.000	129.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	15	15	2,305.00	153.67	.000	153.67	.00
ENDODONTICS	4	5	995.00	199.00	.000	248.75	.00
RESTORATIVE DENTISTRY	28	50	7,377.00	147.54	.000	263.46	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	29	78	10,040.00	128.72	.000	346.21	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,078  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	8	\$ 151.68	\$ 18.96	.000	\$ 50.56	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	8	151.68	18.96	.000	50.56	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$ 21.87	\$ 10.94	.000	\$ 21.87	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	21.87	10.94	.000	21.87	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	13	\$ 1,569.14	\$ 120.70	.000	\$ 523.05	\$ .00
HOSP INPATIENT TOTAL	2	8	1,206.09	150.76	.000	603.05	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	8	1,206.09	150.76	.000	603.05	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	5	363.05	72.61	.000	363.05	.00
MEDICAL	0	0	3.28	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	5	359.77	71.95	.000	359.77	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,079  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREGARD

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	13    \$	1,569.14	\$ 120.70	.000	\$ 523.05	\$ .00
COMM HOSP INPATIENT TOTAL	2	8	1,206.09	150.76	.000	603.05	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	8	1,206.09	150.76	.000	603.05	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	5	363.05	72.61	.000	363.05	.00
MEDICAL	0	0	3.28	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	1	5		359.77	71.95	.000	359.77	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.000	.00	.00
@NURSING FACILITY	0	0	\$	647.36	\$	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.000	.00	.00
LEV B-REHAB MD	0	0		.00		.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
LEV B-REGULAR	0	0		647.36		.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.000	.00	.00
ICF DD	0	0		.00		.000	.00	.00
ICF DDN/DDCN	0	0		.00		.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00		.000	.00	.00
XO AND OTHERS	0	0		.00		.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	13.00	\$	.000	\$ .00	\$ .00
CLINIC	0	0		.00		.000	.00	.00
SURGICENTER	0	0		.00		.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.000	.00	.00
RURAL HEALTH CLINIC	0	0		13.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 17,080  
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	71	453	\$ 27,245.38	\$ 60.14	.000	\$ 383.74	\$ .00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	17	301	20,176.73	67.03	.000	1186.87	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	12	55	5,737.31	104.31	.000	478.11	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	43	86	1,150.53	13.38	.000	26.76	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	



HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	11	180.81	16.44	.000	60.27	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	7	18	\$ 1,768.54	\$ 98.25	.000	\$ 252.65	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,081
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	101	1,128	\$ 69,610.24	\$ 61.71	.000	\$ 689.21	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	15	20	\$ 1,382.49	\$ 69.12	.000	\$ 92.17	\$ .00
PRESCRIPTION DRUGS	14	18	1,355.38	75.30	.000	96.81	.00
SNF/ICF	1	2	268.04	134.02	.000	268.04	.00
OUTPATIENTS	13	16	1,087.34	67.96	.000	83.64	.00
MEDICAL SUPPLIES	1	2	27.11	13.56	.000	27.11	.00
@DENTIST	19	91	\$ 4,840.00	\$ 53.19	.000	\$ 254.74	\$ .00
VISITS - DIAGNOSTIC	11	40	730.00	18.25	.000	66.36	.00
ORAL SURGERY	5	35	846.00	24.17	.000	169.20	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	5	289.00	57.80	.000	144.50	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	10	2,775.00	277.50	.000	555.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,082  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED      AID CODE 18

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2 \$	94.90	\$ 47.45	.000	\$ 47.45	\$ .00
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.000	47.45	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,083  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR    IN HOME SUPPORT - AGED      AID CODE 18

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	30CR	\$ 1,736.49CR	\$ 57.88	.000	\$ 868.25CR	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	30CR	1,736.49CR	57.88	.000	868.25CR	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	13.76	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		13.76		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

PAGE 17,084

01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	70	1,045	\$ 65,015.58	\$ 62.22	.000	\$ 928.79	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	11	30.65	2.79	.000	30.65	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	11	30.65	2.79	.000	30.65	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	46	852	57,168.65	67.10	.000	1242.80	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	11	154	7,121.19	46.24	.000	647.38	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	23	282.49	12.28	.000	28.25	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	5	412.60	82.52	.000	206.30	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	3	5	\$ 1,117.03	\$ 223.41	.000	\$ 372.34	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,085
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4	26	\$ 1,203.00	\$ 46.27	.000	\$ 300.75	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	26	\$ 1,203.00	\$ 46.27	.000	\$ 300.75	\$ .00
VISITS - DIAGNOSTIC	2	8	211.00	26.38	.000	105.50	.00
ORAL SURGERY	1	9	534.00	59.33	.000	534.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	9	458.00	50.89	.000	458.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,086  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,087  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,088
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



#CALIF DEPT OF HEALTH SERV  
MOP024  
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

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							----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	76	411	\$ 21,233.68	\$ 51.66	.000	\$ 279.39	\$ .00		
@PHYSICIANS SERVICES	0	0	\$ 2.20	\$ .00	.000	\$ .00	\$ .00		
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00	.00		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		

RADIOLOGY	0	0		.00		.00	.000	.00	.00	
PSYCHIATRY	0	0		.00		.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		2.20		.00	.000	.00	.00	
@PHARMACY	21	55	\$	4,487.31	\$	81.59	.000	\$ 213.68	\$ .00	
PRESCRIPTION DRUGS	21	53		4,378.51		82.61	.000	208.50	.00	
SNF/ICF	2	3		114.85		38.28	.000	57.43	.00	
OUTPATIENTS	19	50		4,263.66		85.27	.000	224.40	.00	
MEDICAL SUPPLIES	2	2		108.80		54.40	.000	54.40	.00	
@DENTIST	32	153	\$	5,444.00	\$	35.58	.000	\$ 170.13	\$ .00	
VISITS - DIAGNOSTIC	24	104		1,317.00		12.66	.000	54.88	.00	
ORAL SURGERY	5	27		1,117.00		41.37	.000	223.40	.00	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	.00	
PERIODONTICS	4	4		655.00		163.75	.000	163.75	.00	
ENDODONTICS	0	0		.00		.00	.000	.00	.00	
RESTORATIVE DENTISTRY	2	9		110.00		12.22	.000	55.00	.00	
PROSTHETICS	0	0		.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	5	9		2,245.00		249.44	.000	449.00	.00	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 17,090
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YOLO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED									AID CODE 68

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	5	\$ 48.05	\$ 9.61	.000	\$ 16.02	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	5	48.05	9.61	.000	16.02	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	7CR	\$ 227.33CR	\$ 32.48	.000	\$ 75.78CR	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	7CR	227.33CR	32.48	.000	75.78CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	7CR	227.33CR	32.48	.000	75.78CR	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	3	7CR	\$ 227.33CR	\$ 32.48	.000	\$ 75.78CR	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	7CR	227.33CR	32.48	.000	75.78CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	7CR	227.33CR	32.48	.000	75.78CR	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	33	\$ 1,573.42	\$ 47.68	.000	\$ 143.04	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	33	1,573.42	47.68	.000	143.04	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	24	172	\$ 9,906.03	\$ 57.59	.000	\$ 412.75	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	141	9,447.10	67.00	.000	1049.68	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	24	274.94	11.46	.000	22.91	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	3	17.17	5.72	.000	8.59	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	4		166.82	41.71	.000	166.82	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	6	2	\$	12.46CR	6.23CR	.000	2.08CR	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SUMMARY OF SERVICES FOR IN HOME SUPPORT

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	181	1,565	\$ 92,046.92	\$ 58.82	.000	\$	508.55	\$ .00
@PHYSICIANS SERVICES	0	0	\$ 2.20	\$ .00	.000	\$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	2.20	.00	.000		.00	.00
@PHARMACY	36	75	\$ 5,869.80	\$ 78.26	.000	\$	163.05	\$ .00
PRESCRIPTION DRUGS	35	71	5,733.89	80.76	.000		163.83	.00
SNF/ICF	3	5	382.89	76.58	.000		127.63	.00
OUTPATIENTS	32	66	5,351.00	81.08	.000		167.22	.00
MEDICAL SUPPLIES	3	4	135.91	33.98	.000		45.30	.00
@DENTIST	55	270	\$ 11,487.00	\$ 42.54	.000	\$	208.85	\$ .00
VISITS - DIAGNOSTIC	37	152	2,258.00	14.86	.000		61.03	.00
ORAL SURGERY	11	71	2,497.00	35.17	.000		227.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	5	5	855.00	171.00	.000		171.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	5	23	857.00	37.26	.000		171.40	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00

DENTURES, STAYPLATES	10	19	5,020.00	264.21	.000	502.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,094  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$ 94.90	\$ 47.45	.000	\$ 47.45	\$ .00
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.000	47.45	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	5	\$ 48.05	\$ 9.61	.000	\$ 16.02	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	5	48.05	9.61	.000	16.02	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	7CR	\$ 227.33CR	\$ 32.48	.000	\$ 75.78CR	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	7CR	227.33CR	32.48	.000	75.78CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	7CR	227.33CR	32.48	.000	75.78CR	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR      IN HOME SUPPORT

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	7CR \$	227.33CR	\$ 32.48	.000	\$ 75.78CR\$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	7CR	227.33CR	32.48	.000	75.78CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	3	7CR	227.33CR	32.48	.000	75.78CR	.00
@STATE HOSPITAL	0	0 \$	.00 \$	.00	.000	.00 \$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	30CR \$	1,736.49CR \$	57.88	.000	868.25CR\$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	30CR	1,736.49CR	57.88	.000	868.25CR	.00
@INTERMEDIATE CARE FACIL.-DD	0	0 \$	.00 \$	.00	.000	.00 \$	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00 \$	.00	.000	.00 \$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00 \$	.00	.000	.00 \$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00 \$	.00	.000	.00 \$	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	33 \$	1,587.18 \$	48.10	.000	144.29 \$	.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	33	1,587.18	48.10	.000	144.29	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT

PAGE 17,096  
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	94	1,217 \$	74,921.61	\$ 61.56	.000	\$ 797.04	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	11	30.65	2.79	.000	30.65	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	11	30.65	2.79	.000	30.65	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	55	993	66,615.75	67.09	.000	1211.20	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	11	154	7,121.19	46.24	.000	647.38	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	47	557.43	11.86	.000	25.34	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00



HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	3	17.17	5.72	.000	8.59	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	9	579.42	64.38	.000	193.14	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	9	7	\$ 1,104.57	\$ 157.80	.000	\$ 122.73	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,097  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

YOLO COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

86 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,682	11,449	\$ 653,247.80	\$ 57.06	133.128	\$ 388.38	\$ 7595.90
@PHYSICIANS SERVICES	33	201	\$ 4,085.54	\$ 20.33	2.337	\$ 123.80	\$ 47.51
OUTPATIENT VISITS	5	5	509.66	101.93	.058	101.93	5.93
OFFICE VISITS	3	3	416.17	138.72	.035	138.72	4.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	72.00	36.00	.023	36.00	.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	21.49	.00	.000	.00	.25
INPATIENT VISITS	7	16	601.10	37.57	.186	85.87	6.99
HOSPITAL VISITS	4	11	451.10	41.01	.128	112.78	5.25
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	5	150.00	30.00	.058	37.50	1.74
OPHTHALMOLOGICAL SERVICES	0	0	2.81	.00	.000	.00	.03
EXAMINATIONS	0	0	2.81	.00	.000	.00	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2	126.77	63.39	.023	126.77	1.47
PRINCIPAL SURGEON	1	1	43.75	43.75	.012	43.75	.51
ASSISTANT SURGEON	1	1	83.02	83.02	.012	83.02	.97
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	293.36	293.36	.012	293.36	3.41
PRINCIPAL SURGEON	1	1	293.36	293.36	.012	293.36	3.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	31	139.78	4.51	.360	34.95	1.63
RADIOLOGY	6	15	346.95	23.13	.174	57.83	4.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	20	131	2,065.11	15.76	1.523	103.26	24.01
@PHARMACY	217	1,398	\$ 38,700.04	\$ 27.68	16.256	\$ 178.34	\$ 450.00
PRESCRIPTION DRUGS	214	403	37,911.37	94.07	4.686	177.16	440.83
SNF/ICF	26	52	6,299.51	121.14	.605	242.29	73.25
OUTPATIENTS	190	351	31,611.86	90.06	4.081	166.38	367.58
MEDICAL SUPPLIES	7	995	788.67	.79	11.570	112.67	9.17
@DENTIST	795	3,252	\$ 197,203.69	\$ 60.64	37.814	\$ 248.05	\$ 2293.07
VISITS - DIAGNOSTIC	448	1,769	23,278.71	13.16	20.570	51.96	270.68
ORAL SURGERY	119	353	15,926.75	45.12	4.105	133.84	185.19

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	64	64	11,470.00	179.22	.744	179.22	133.37
ENDODONTICS	51	104	24,255.00	233.22	1.209	475.59	282.03
RESTORATIVE DENTISTRY	179	467	60,321.75	129.17	5.430	336.99	701.42
PROSTHETICS	13	16	450.00	28.13	.186	34.62	5.23
DENTURES, STAYPLATES	195	470	60,626.48	128.99	5.465	310.91	704.96
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	8	875.00	109.38	.093	291.67	10.17
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.012	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,098  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

86 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	42 \$	959.34	\$ 22.84	.488	\$ 53.30	\$ 11.16
DIAGNOSTIC AND ANC. PROCED	6	6	272.84	45.47	.070	45.47	3.17
EYE APPLIANCES	14	32	575.58	17.99	.372	41.11	6.69
OTHER OPTOMETRIC SERVICES	2	4	110.92	27.73	.047	55.46	1.29
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	6 \$	8.28	\$ 1.38	.070	\$ 8.28	\$ .10
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	6	8.28	1.38	.070	8.28	.10
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	13	32 \$	4,476.30	\$ 139.88	.372	\$ 344.33	\$ 52.05
HOSP INPATIENT TOTAL	2	2	3,494.42	1747.21	.023	1747.21	40.63
HSC HOSPITALS	1	2	813.03	406.52	.023	813.03	9.45
NON-HSC HOSPITAL TOTAL	1	4	3,457.39	864.35	.047	3457.39	40.20
ACCOMMODATIONS	1	4	1,068.20	267.05	.047	1068.20	12.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,068.20	267.05	.047	1068.20	12.42
ANCILLARIES	1	0	2,389.19	.00	.000	2389.19	27.78
INPATIENT CROSSOVERS	0	4CR	776.00CR	194.00	.047CR	.00	9.02CR
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	30	981.88	32.73	.349	89.26	11.42
MEDICAL	0	0	82.43	.00	.000	.00	.96
SURGERY	0	0	15.00	.00	.000	.00	.17
PATHOLOGY	1	2	41.05	20.53	.023	41.05	.48
RADIOLOGY	0	0	108.63	.00	.000	.00	1.26
ROOM USE	0	0	130.16	.00	.000	.00	1.51
CROSSOVERS/ALL OTH OUTPTNT	10	28	604.61	21.59	.326	60.46	7.03
@COUNTY HOSPITAL TOTAL	0	0 \$	11.57	\$ .00	.000	\$ .00	\$ .13
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	11.57	.00	.000	.00	.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	11.57	.00	.000	.00	.13

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,099  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
86 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	13	32 \$	4,464.73	\$ 139.52	.372	\$ 343.44	\$ 51.92	
COMM HOSP INPATIENT TOTAL	2	2	3,494.42	1747.21	.023	1747.21	40.63	
HSC HOSPITALS	1	2	813.03	406.52	.023	813.03	9.45	
NON-HSC HOSPITALS TOTAL	1	4	3,457.39	864.35	.047	3457.39	40.20	
ACCOMMODATIONS	1	4	1,068.20	267.05	.047	1068.20	12.42	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	4	1,068.20	267.05	.047	1068.20	12.42	
ANCILLARIES	1	0	2,389.19	.00	.000	2389.19	27.78	
INPATIENT CROSSOVERS	0	4CR	776.00CR	194.00	.047CR	.00	9.02CR	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	11	30		970.31	32.34	.349	88.21	11.28
MEDICAL	0	0		82.43	.00	.000	.00	.96
SURGERY	0	0		15.00	.00	.000	.00	.17
PATHOLOGY	1	2		41.05	20.53	.023	41.05	.48
RADIOLOGY	0	0		108.63	.00	.000	.00	1.26
ROOM USE	0	0		130.16	.00	.000	.00	1.51
CROSSOVERS/ALL OTH OUTPTNT	10	28		593.04	21.18	.326	59.30	6.90
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	8	140	\$	30,338.05	\$ 216.70	1.628	\$ 3792.26	\$ 352.77
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	31		15,525.81	500.83	.360	15525.81	180.53
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7	109		14,812.24	135.89	1.267	2116.03	172.24
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	6	\$	94.74	\$ 15.79	.070	\$ 47.37	\$ 1.10
PATHOLOGY	2	6		94.74	15.79	.070	47.37	1.10
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	32	64	\$	7,903.47	\$ 123.49	.744	\$ 246.98	\$ 91.90
CLINIC	0	0		23.50	.00	.000	.00	.27
SURGICENTER	1	1		194.31	194.31	.012	194.31	2.26
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	31	63		7,685.66	121.99	.733	247.92	89.37

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,100  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

86 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	687	6,308	\$ 369,478.35	\$ 58.57	73.349	\$ 537.81	\$ 4296.26
DURABLE MED. EQUIP.	2	20	374.06	18.70	.233	187.03	4.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	4	874.42	218.61	.047	291.47	10.17
MEDICAL TRANSPORTATION	6	99	776.43	7.84	1.151	129.41	9.03
AMBULANCES/AIR TRANS	4	86	668.10	7.77	1.000	167.03	7.77
OTHER TRANS	1	11	30.65	2.79	.128	30.65	.36
OTHER SERVICES	1	2	77.68	38.84	.023	77.68	.90
ACUPUNCTURE	1	4	64.88	16.22	.047	64.88	.75
ADULT DAY HEALTH CARE CTR	330	5,091	341,284.36	67.04	59.198	1034.20	3968.42
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	31	286	16,586.40	57.99	3.326	535.05	192.87
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	310	683	8,446.14	12.37	7.942	27.25	98.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	16	157.28	9.83	.186	39.32	1.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	105	914.38	8.71	1.221	76.20	10.63
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	39	710	2,510.68	3.54	8.256	64.38	29.19

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,101
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	194	1,310	\$ 102,717.47	\$ 78.41	1310.000	\$ 529.47	\$102717.47	
@PHYSICIANS SERVICES	4	5	\$ 470.86	\$ 94.17	5.000	\$ 117.72	\$ 470.86	
OUTPATIENT VISITS	2	2	144.55	72.28	2.000	72.28	144.55	
OFFICE VISITS	2	2	118.95	59.48	2.000	59.48	118.95	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	6.96	.00	.000	.00	6.96	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	18.64	.00	.000	.00	18.64	
INPATIENT VISITS	0	0	7.20	.00	.000	.00	7.20	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	7.20	.00	.000	.00	7.20	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	127.36	.00	.000	.00	127.36	
PRINCIPAL SURGEON	0	0	127.36	.00	.000	.00	127.36	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	30.61	.00	.000	.00	30.61	
PRINCIPAL SURGEON	0	0	30.61	.00	.000	.00	30.61	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	41.51	.00	.000	.00	41.51	
RADIOLOGY	1	2	47.50	23.75	2.000	47.50	47.50	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	1	1	72.13	72.13	1.000	72.13	72.13	
@PHARMACY	42	100	\$ 32,739.58	\$ 327.40	100.000	\$ 779.51	\$ 32739.58	
PRESCRIPTION DRUGS	42	100	32,739.58	327.40	100.000	779.51	32739.58	

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	42	100	32,739.58	327.40	100.000	779.51	32739.58
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	68	286	\$ 10,051.68	\$ 35.15	286.000	\$ 147.82	\$ 10051.68
VISITS - DIAGNOSTIC	47	201	2,741.68	13.64	201.000	58.33	2741.68
ORAL SURGERY	7	25	1,070.00	42.80	25.000	152.86	1070.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	800.00	200.00	4.000	200.00	800.00
ENDODONTICS	2	3	850.00	283.33	3.000	425.00	850.00
RESTORATIVE DENTISTRY	14	30	2,732.00	91.07	30.000	195.14	2732.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	23	1,858.00	80.78	23.000	206.44	1858.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000 \$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00	.00
EYE APPLIANCES	0	0	.00	.00	.000 .00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000 \$ .00	\$ .00
VISITS	0	0	.00	.00	.000 .00	.00
OTHER SERVICES	0	0	.00	.00	.000 .00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000 \$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00	.00
SURGERY/ANES.	0	0	.00	.00	.000 .00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00	.00
OTHER	0	0	.00	.00	.000 .00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000 \$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000 .00	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000 \$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00	\$ .00
@TOTAL HOSPITAL	4	24	\$ 490.46	\$ 20.44	24.000 \$ 122.62	\$ 490.46
HOSP INPATIENT TOTAL	2	21	378.08	18.00	21.000 189.04	378.08
HSC HOSPITALS	1	1	63.17	63.17	1.000 63.17	63.17
NON-HSC HOSPITAL TOTAL	0	0	477.09CR	.00	.000 .00	477.09CR
ACCOMMODATIONS	0	0	477.09CR	.00	.000 .00	477.09CR
ADMINISTRATIVE DAYS	0	0	477.09CR	.00	.000 .00	477.09CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00	.00
ANCILLARIES	0	0	.00	.00	.000 .00	.00
INPATIENT CROSSOVERS	1	20	792.00	39.60	20.000 792.00	792.00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	.00
HOSP OUTPATIENT TOTAL	2	3	112.38	37.46	3.000 56.19	112.38
MEDICAL	0	0	11.28	.00	.000 .00	11.28
SURGERY	0	0	3.07	.00	.000 .00	3.07
PATHOLOGY	0	0	13.91	.00	.000 .00	13.91

RADIOLOGY	1	2	70.67	35.34	2.000	70.67	70.67
ROOM USE	0	0	7.18	.00	.000	.00	7.18
CROSSOVERS/ALL OTH OUTPTNT	1	1	6.27	6.27	1.000	6.27	6.27
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,103
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	24	\$ 490.46	\$ 20.44	24.000	\$ 122.62	\$ 490.46
COMM HOSP INPATIENT TOTAL	2	21	378.08	18.00	21.000	189.04	378.08
HSC HOSPITALS	1	1	63.17	63.17	1.000	63.17	63.17
NON-HSC HOSPITALS TOTAL	0	0	477.09CR	.00	.000	.00	477.09CR
ACCOMMODATIONS	0	0	477.09CR	.00	.000	.00	477.09CR
ADMINISTRATIVE DAYS	0	0	477.09CR	.00	.000	.00	477.09CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	20	792.00	39.60	20.000	792.00	792.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	3	112.38	37.46	3.000	56.19	112.38
MEDICAL	0	0	11.28	.00	.000	.00	11.28
SURGERY	0	0	3.07	.00	.000	.00	3.07
PATHOLOGY	0	0	13.91	.00	.000	.00	13.91
RADIOLOGY	1	2	70.67	35.34	2.000	70.67	70.67
ROOM USE	0	0	7.18	.00	.000	.00	7.18
CROSSOVERS/ALL OTH OUTPTNT	1	1	6.27	6.27	1.000	6.27	6.27
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$ 16.10	\$ 8.05	2.000	\$ 8.05	\$ 16.10
PATHOLOGY	2	2	16.10	8.05	2.000	8.05	16.10
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	9	\$ 1,725.00	\$ 191.67	9.000	\$ 246.43	\$ 1725.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	9	1,725.00	191.67	9.000	246.43	1725.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,104  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 YOLO COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	90	884	\$ 57,223.79	\$ 64.73	884.000	\$ 635.82	\$ 57223.79
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00



ADULT DAY HEALTH CARE CTR	58	795	53,218.01	66.94	795.000	917.55	53218.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	31	3,289.96	106.13	31.000	548.33	3289.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	37	472.34	12.77	37.000	27.78	472.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	12	117.96	9.83	12.000	16.85	117.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	9	125.52	13.95	9.000	41.84	125.52
@CALIF. CHILDREN SERVICES*	0	0	\$ 5.18	\$ .00	.000	\$ .00	\$ 5.18
@XOVER EXCLUDING STATE HOSP**	5	10	\$ 917.90	\$ 91.79	10.000	\$ 183.58	\$ 917.90

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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YOLO COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS    COST PER    COST PER PER ELIG    USER    ELIGIBLE
@TOTAL, ALL PROVIDERS	9,992	98,162	\$ 4,464,344.98	\$ 45.48	105.551 \$ 446.79 \$ 4800.37
@PHYSICIANS SERVICES	403	1,159	\$ 41,666.40	\$ 35.95	1.246 \$ 103.39 \$ 44.80
OUTPATIENT VISITS	163	218	12,802.10	58.73	.234 78.54 13.77
OFFICE VISITS	70	92	5,688.32	61.83	.099 81.26 6.12
HOME VISITS	1	1	34.30	34.30	.001 34.30 .04
EMERGENCY ROOM	73	92	5,088.51	55.31	.099 69.71 5.47
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.001 60.48 .07
OTHER OUTPATIENT	26	32	1,930.49	60.33	.034 74.25 2.08
INPATIENT VISITS	84	182	6,363.16	34.96	.196 75.75 6.84
HOSPITAL VISITS	24	88	4,286.83	48.71	.095 178.62 4.61
CRITICAL CARE	0	0	.00	.00	.000 .00 .00
SNF/ICF/TRANS IP CARE	62	94	2,076.33	22.09	.101 33.49 2.23
OPHTHALMOLOGICAL SERVICES	5	5	221.43	44.29	.005 44.29 .24
EXAMINATIONS	5	5	221.43	44.29	.005 44.29 .24
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	4	18	2,502.96	139.05	.019 625.74 2.69
PRINCIPAL SURGEON	3	3	1,387.11	462.37	.003 462.37 1.49
ASSISTANT SURGEON	1	1	81.07	81.07	.001 81.07 .09
ANESTHESIOLOGIST	1	14	1,034.78	73.91	.015 1034.78 1.11
OUTPATIENT SURGERY	18	36	2,642.50	73.40	.039 146.81 2.84
PRINCIPAL SURGEON	14	15	1,946.18	129.75	.016 139.01 2.09
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	5	21	696.32	33.16	.023 139.26 .75
DIALYSIS	0	0	.00	.00	.000 .00 .00
PATHOLOGY	27	50	1,074.00	21.48	.054 39.78 1.15



INPATIENT CROSSOVERS	33	223		21,807.24	97.79	.240	660.83	23.45
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	177	637		19,851.96	31.16	.685	112.16	21.35
MEDICAL	25	28		2,800.00	100.00	.030	112.00	3.01
SURGERY	7	7		313.61	44.80	.008	44.80	.34
PATHOLOGY	53	193		2,365.73	12.26	.208	44.64	2.54
RADIOLOGY	31	48		4,781.14	99.61	.052	154.23	5.14
ROOM USE	94	116		4,656.06	40.14	.125	49.53	5.01
CROSSOVERS/ALL OTH OUTPTNT	98	245		4,935.42	20.14	.263	50.36	5.31
@COUNTY HOSPITAL TOTAL	3	20	\$	21,785.49	\$ 1089.27	.022	\$ 7261.83	\$ 23.43
CO HOSPITAL INPATIENT TOTAL	1	16		21,632.00	1352.00	.017	21632.00	23.26
HSC HOSPITALS	1	16		21,632.00	1352.00	.017	21632.00	23.26
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4		153.49	38.37	.004	76.75	.17
MEDICAL	1	1		34.31	34.31	.001	34.31	.04
SURGERY	1	1		62.63	62.63	.001	62.63	.07
PATHOLOGY	1	1		23.23	23.23	.001	23.23	.02
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		33.32	33.32	.001	33.32	.04
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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YOLO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED							

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930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	218	900	\$ 140,834.76	\$ 156.48	.968	\$ 646.03	\$ 151.44
COMM HOSP INPATIENT TOTAL	47	267	121,136.29	453.69	.287	2577.37	130.25
HSC HOSPITALS	5	15	17,295.00	1153.00	.016	3459.00	18.60
NON-HSC HOSPITALS TOTAL	9	29	82,034.05	2828.76	.031	9114.89	88.21
ACCOMMODATIONS	9	29	38,297.17	1320.59	.031	4255.24	41.18
ADMINISTRATIVE DAYS	1	1	1,316.58CR	1316.58CR	.001	1316.58CR	1.42CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	28	39,613.75	1414.78	.030	4951.72	42.60
ANCILLARIES	9	0	43,736.88	.00	.000	4859.65	47.03
INPATIENT CROSSOVERS	33	223	21,807.24	97.79	.240	660.83	23.45
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	175	633	19,698.47	31.12	.681	112.56	21.18
MEDICAL	24	27	2,765.69	102.43	.029	115.24	2.97
SURGERY	6	6	250.98	41.83	.006	41.83	.27
PATHOLOGY	52	192	2,342.50	12.20	.206	45.05	2.52
RADIOLOGY	31	48	4,781.14	99.61	.052	154.23	5.14
ROOM USE	93	115	4,622.74	40.20	.124	49.71	4.97
CROSSOVERS/ALL OTH OUTPTNT	98	245	4,935.42	20.14	.263	50.36	5.31
@STATE HOSPITAL	12	347	\$ 203,068.19	\$ 585.21	.373	\$ 16922.35	\$ 218.35
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	347	203,068.19	585.21	.373	16922.35	218.35
@NURSING FACILITY	59	1,198	\$ 156,354.93	\$ 130.51	1.288	\$ 2650.08	\$ 168.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	10	272		32,617.15		119.92	.292	3261.72	35.07
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	49	926		123,737.78		133.63	.996	2525.26	133.05
@INTERMEDIATE CARE FACIL.-DD	1	30	\$	2,723.55	\$	90.79	.032	2723.55	2.93
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	1	30		2,723.55		90.79	.032	2723.55	2.93
@HEMODIALYSIS TOTAL	4	5	\$	2,959.84	\$	591.97	.005	739.96	3.18
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	4	5		2,959.84		591.97	.005	739.96	3.18
@REHABILITATION FACILITY	2	2	\$	110.86	\$	55.43	.002	55.43	.12
HOSPITAL BASED	2	2		110.86		55.43	.002	55.43	.12
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	159	621	\$	7,881.80	\$	12.69	.668	49.57	8.48
PATHOLOGY	158	620		7,879.31		12.71	.667	49.87	8.47
XO AND OTHERS	1	1		2.49		2.49	.001	2.49	.00
@ORGANIZED OUTPATIENT CLINIC	119	227	\$	27,551.82	\$	121.37	.244	231.53	29.63
CLINIC	17	27		760.64		28.17	.029	44.74	.82
SURGICENTER	4	27		716.16		26.52	.029	179.04	.77
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	98	173		26,075.02		150.72	.186	266.07	28.04
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930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,222	64,691	\$ 979,106.67	\$ 15.14	69.560	\$ 440.64	\$ 1052.80
DURABLE MED. EQUIP.	14	32	4,192.66	131.02	.034	299.48	4.51
BLOOD BANK	0	0	66.50	.00	.000	.00	.07
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	58	1,452	12,853.52	8.85	1.561	221.61	13.82
AMBULANCES/AIR TRANS	37	562	6,921.08	12.32	.604	187.06	7.44
OTHER TRANS	18	875	3,944.69	4.51	.941	219.15	4.24
OTHER SERVICES	4	15	1,987.75	132.52	.016	496.94	2.14
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	318	6,430	430,631.98	66.97	6.914	1354.19	463.05
GENETIC DISEASE TESTING	13	13	988.00	76.00	.014	76.00	1.06
IHMC,MODEL-NF,NF,AIDS,MSSP	74	9,296	291,563.28	31.36	9.996	3940.04	313.51
OCCUPATIONAL THERAPIST	2	14	268.00	19.14	.015	134.00	.29
OPTICIAN	1,048	2,310	27,516.30	11.91	2.484	26.26	29.59
PHYSICAL THERAPIST	2	6	127.14	21.19	.006	63.57	.14
PORTABLE X-RAY	9	16	354.67	22.17	.017	39.41	.38
PROSTHETIST/ORTHOTISTS	1	1	3.08	3.08	.001	3.08	.00
PROSTHETICS	1	1	3.08	3.08	.001	3.08	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	9	312.16	34.68	.010	62.43	.34
SPEECH AND AUDIOLOGY	4	42	1,211.89	28.85	.045	302.97	1.30
HOSPICE SERVICES	1	30	3,512.70	117.09	.032	3512.70	3.78
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	641	14,565	84,408.22	5.80	15.661	131.68	90.76
EPSDT SUPPLEMENTAL SERVICE	12	4,110	113,351.70	27.58	4.419	9445.98	121.88
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	54	26,365		7,744.87		.29	28.349	143.42	8.33
@CALIF. CHILDREN SERVICES*	31	109	\$	9,842.38	\$	90.30	.117	\$ 317.50	\$ 10.58
@XOVER EXCLUDING STATE HOSP**	202	797	\$	52,672.32	\$	66.09	.857	\$ 260.75	\$ 56.64

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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YOLO COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
3,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	15,469	88,077	\$ 2,063,909.39	\$ 23.43	28.878	\$ 133.42	\$ 676.69	
@PHYSICIANS SERVICES	693	1,206	\$ 51,037.03	\$ 42.32	.395	\$ 73.65	\$ 16.73	
OUTPATIENT VISITS	542	697	26,476.18	37.99	.229	48.85	8.68	
OFFICE VISITS	407	510	18,809.83	36.88	.167	46.22	6.17	
HOME VISITS	12	17	691.02	40.65	.006	57.59	.23	
EMERGENCY ROOM	80	82	4,104.89	50.06	.027	51.31	1.35	
PREVENTIVE CARE	2	2	101.96	50.98	.001	50.98	.03	
OB VISITS/COMPRE PERI	2	12	520.24	43.35	.004	260.12	.17	
OTHER OUTPATIENT	62	74	2,248.24	30.38	.024	36.26	.74	
INPATIENT VISITS	9	28	3,859.13	137.83	.009	428.79	1.27	
HOSPITAL VISITS	8	25	1,149.02	45.96	.008	143.63	.38	
CRITICAL CARE	1	3	2,710.11	903.37	.001	2710.11	.89	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	5	5	228.74	45.75	.002	45.75	.07	
EXAMINATIONS	5	5	228.74	45.75	.002	45.75	.07	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	3	14	2,710.58	193.61	.005	903.53	.89	
PRINCIPAL SURGEON	2	1	1,989.31	1989.31	.000	994.66	.65	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	13	721.27	55.48	.004	721.27	.24	

OUTPATIENT SURGERY	23	66	4,414.23	66.88	.022	191.92	1.45
PRINCIPAL SURGEON	20	33	3,584.82	108.63	.011	179.24	1.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	33	829.41	25.13	.011	138.24	.27
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	54	63	861.77	13.68	.021	15.96	.28
RADIOLOGY	112	157	5,581.86	35.55	.051	49.84	1.83
PSYCHIATRY	0	0	13.80	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	12	507.63	42.30	.004	63.45	.17
OTHER SERVICES/ALL X-OVERS	57	164	6,383.11	38.92	.054	111.98	2.09
@PHARMACY	1,123	4,787	\$ 198,941.48	\$ 41.56	1.570	\$ 177.15	\$ 65.23
PRESCRIPTION DRUGS	1,113	2,391	192,502.41	80.51	.784	172.96	63.12
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,113	2,391	192,502.41	80.51	.784	172.96	63.12
MEDICAL SUPPLIES	37	2,396	6,439.07	2.69	.786	174.03	2.11
@DENTIST	7,143	35,442	\$ 1,293,328.36	\$ 36.49	11.620	\$ 181.06	\$ 424.04
VISITS - DIAGNOSTIC	4,976	23,939	321,703.61	13.44	7.849	64.65	105.48
ORAL SURGERY	880	1,531	80,274.66	52.43	.502	91.22	26.32
DRUGS	76	88	1,630.00	18.52	.029	21.45	.53
ANESTHESIA	10	11	800.00	72.73	.004	80.00	.26
PERIODONTICS	257	263	46,153.00	175.49	.086	179.58	15.13
ENDODONTICS	703	1,291	232,726.80	180.27	.423	331.05	76.30
RESTORATIVE DENTISTRY	2,718	7,541	549,787.45	72.91	2.472	202.28	180.26
PROSTHETICS	41	45	1,330.00	29.56	.015	32.44	.44
DENTURES, STAYPLATES	64	319	25,022.00	78.44	.105	390.97	8.20
SPACE MAINTAINERS	81	115	10,082.00	87.67	.038	124.47	3.31
MAXILLOFACIAL SERVICES	14	16	1,402.18	87.64	.005	100.16	.46
FRACTURES, DISLOCATIONS	2	2	140.00	70.00	.001	70.00	.05
ORTHODONTIC SERVICES	202	248	21,451.66	86.50	.081	106.20	7.03
ALL OTHER SERVICES	32	33	825.00	25.00	.011	25.78	.27
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YOLO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

3,050 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	99	269	\$	5,683.51	\$ 21.13	.088	\$ 57.41	\$ 1.86
DIAGNOSTIC AND ANC. PROCED	57	57		2,648.82	46.47	.019	46.47	.87
EYE APPLIANCES	80	211		3,027.95	14.35	.069	37.85	.99
OTHER OPTOMETRIC SERVICES	1	1		6.74	6.74	.000	6.74	.00
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$ .01
VISITS	1	1		16.72	16.72	.000	16.72	.01
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	48.78	\$ .00	.000	\$ .00	\$ .02
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		48.78	.00	.000	.00	.02
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$	27.39	\$ 27.39	.000	\$ 27.39	\$ .01
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	2	3	\$	54.36	\$ 18.12	.001	\$ 27.18	\$ .02
@TOTAL HOSPITAL	346	943	\$	76,240.16	\$ 80.85	.309	\$ 220.35	\$ 25.00
HOSP INPATIENT TOTAL	17	49		51,350.52	1047.97	.016	3020.62	16.84
HSC HOSPITALS	16	48		50,226.53	1046.39	.016	3139.16	16.47

NON-HSC HOSPITAL TOTAL	1	1	1,123.99	1123.99	.000	1123.99	.37
ACCOMMODATIONS	1	1	345.93	345.93	.000	345.93	.11
ADMINISTRATIVE DAYS	0	0	13.48	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	332.45	332.45	.000	332.45	.11
ANCILLARIES	1	0	778.06	.00	.000	778.06	.26
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	336	894	24,889.64	27.84	.293	74.08	8.16
MEDICAL	80	89	3,476.76	39.06	.029	43.46	1.14
SURGERY	18	18	1,188.03	66.00	.006	66.00	.39
PATHOLOGY	100	277	3,128.62	11.29	.091	31.29	1.03
RADIOLOGY	58	81	4,481.55	55.33	.027	77.27	1.47
ROOM USE	197	222	8,027.20	36.16	.073	40.75	2.63
CROSSOVERS/ALL OTH OUTPTNT	120	207	4,587.48	22.16	.068	38.23	1.50
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	3,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	346	943	\$	76,240.16	\$ 80.85	.309	\$ 220.35	\$ 25.00
COMM HOSP INPATIENT TOTAL	17	49		51,350.52	1047.97	.016	3020.62	16.84
HSC HOSPITALS	16	48		50,226.53	1046.39	.016	3139.16	16.47
NON-HSC HOSPITALS TOTAL	1	1		1,123.99	1123.99	.000	1123.99	.37
ACCOMMODATIONS	1	1		345.93	345.93	.000	345.93	.11
ADMINISTRATIVE DAYS	0	0		13.48	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		332.45	332.45	.000	332.45	.11
ANCILLARIES	1	0		778.06	.00	.000	778.06	.26
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	336	894		24,889.64	27.84	.293	74.08	8.16
MEDICAL	80	89		3,476.76	39.06	.029	43.46	1.14
SURGERY	18	18		1,188.03	66.00	.006	66.00	.39
PATHOLOGY	100	277		3,128.62	11.29	.091	31.29	1.03
RADIOLOGY	58	81		4,481.55	55.33	.027	77.27	1.47
ROOM USE	197	222		8,027.20	36.16	.073	40.75	2.63

CROSSOVERS/ALL OTH OUTPTNT	120	207		4,587.48	22.16	.068	38.23	1.50
@STATE HOSPITAL	4	122	\$	86,892.56	\$ 712.23	.040	\$ 21723.14	\$ 28.49
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	4	122		86,892.56	712.23	.040	21723.14	28.49
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	3	\$	1,858.71	\$ 619.57	.001	\$ 619.57	\$ .61
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	3		1,858.71	619.57	.001	619.57	.61
@REHABILITATION FACILITY	6	62	\$	949.05	\$ 15.31	.020	\$ 158.18	\$ .31
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	6	62		949.05	15.31	.020	158.18	.31
@LABORATORY FACILITY	144	421	\$	6,088.38	\$ 14.46	.138	\$ 42.28	\$ 2.00
PATHOLOGY	144	421		6,088.38	14.46	.138	42.28	2.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	389	583	\$	67,814.83	\$ 116.32	.191	\$ 174.33	\$ 22.23
CLINIC	18	49		1,274.50	26.01	.016	70.81	.42
SURGICENTER	2	12		462.42	38.54	.004	231.21	.15
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	370	522		66,077.91	126.59	.171	178.59	21.66
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	3,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7,201	44,234	\$	274,928.07	\$ 6.22	14.503	\$ 38.18	\$ 90.14
DURABLE MED. EQUIP.	12	66		6,634.19	100.52	.022	552.85	2.18
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	182		2,408.41	13.23	.060	150.53	.79
AMBULANCES/AIR TRANS	16	182		2,408.41	13.23	.060	150.53	.79
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	117	118		8,918.00	75.58	.039	76.22	2.92
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	995	2,095		19,202.96	9.17	.687	19.30	6.30
PHYSICAL THERAPIST	1	11		175.09	15.92	.004	175.09	.06
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	12		1,868.28	155.69	.004	467.07	.61
PROSTHETICS	3	11		1,792.27	162.93	.004	597.42	.59
ORTHOTICS	1	1		76.01	76.01	.000	76.01	.02
PSYCHOLOGIST	5	20		1,405.46	70.27	.007	281.09	.46
SPEECH AND AUDIOLOGY	1	2		99.19	49.60	.001	99.19	.03



HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,097	29,214	230,966.18	7.91	9.578	37.88	75.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	12,514	3,250.31	.26	4.103	162.52	1.07
@CALIF. CHILDREN SERVICES*	61	371	\$ 56,260.85	\$ 151.65	.122	\$ 922.31	\$ 18.45
@XOVER EXCLUDING STATE HOSP**	5	7	\$ 2,875.11	\$ 410.73	.002	\$ 575.02	\$ .94

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,113
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YOLO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE	

4,067 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27,337	198,998	\$ 7,284,219.64	\$ 36.60	48.930	\$ 266.46	\$ 1791.05
@PHYSICIANS SERVICES	1,133	2,571	\$ 97,259.83	\$ 37.83	.632	\$ 85.84	\$ 23.91
OUTPATIENT VISITS	712	922	39,932.49	43.31	.227	56.08	9.82
OFFICE VISITS	482	607	25,033.27	41.24	.149	51.94	6.16
HOME VISITS	13	18	725.32	40.30	.004	55.79	.18
EMERGENCY ROOM	155	176	9,272.36	52.68	.043	59.82	2.28
PREVENTIVE CARE	2	2	101.96	50.98	.000	50.98	.03
OB VISITS/COMPRE PERI	3	13	580.72	44.67	.003	193.57	.14
OTHER OUTPATIENT	88	106	4,218.86	39.80	.026	47.94	1.04
INPATIENT VISITS	100	226	10,830.59	47.92	.056	108.31	2.66
HOSPITAL VISITS	36	124	5,886.95	47.48	.030	163.53	1.45
CRITICAL CARE	1	3	2,710.11	903.37	.001	2710.11	.67
SNF/ICF/TRANS IP CARE	66	99	2,233.53	22.56	.024	33.84	.55
OPHTHALMOLOGICAL SERVICES	10	10	452.98	45.30	.002	45.30	.11
EXAMINATIONS	10	10	452.98	45.30	.002	45.30	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	34	5,467.67	160.81	.008	683.46	1.34
PRINCIPAL SURGEON	6	5	3,547.53	709.51	.001	591.26	.87
ASSISTANT SURGEON	2	2	164.09	82.05	.000	82.05	.04
ANESTHESIOLOGIST	2	27	1,756.05	65.04	.007	878.03	.43
OUTPATIENT SURGERY	42	103	7,380.70	71.66	.025	175.73	1.81
PRINCIPAL SURGEON	35	49	5,854.97	119.49	.012	167.28	1.44
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	54	1,525.73	28.25	.013	138.70	.38
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	85	144	2,117.06	14.70	.035	24.91	.52
RADIOLOGY	186	281	12,084.62	43.01	.069	64.97	2.97
PSYCHIATRY	1	1	37.02	37.02	.000	37.02	.01
IMMUNIZATION AND INJECTION	12	141	2,221.40	15.75	.035	185.12	.55
OTHER SERVICES/ALL X-OVERS	212	709	16,735.30	23.60	.174	78.94	4.11
@PHARMACY	6,437	19,780	\$ 2,387,245.63	\$ 120.69	4.864	\$ 370.86	\$ 586.98
PRESCRIPTION DRUGS	6,414	15,498	2,375,970.71	153.31	3.811	370.44	584.21
SNF/ICF	440	2,160	267,031.01	123.63	.531	606.89	65.66
OUTPATIENTS	6,020	13,338	2,108,939.70	158.12	3.280	350.32	518.55
MEDICAL SUPPLIES	69	4,282	11,274.92	2.63	1.053	163.40	2.77
@DENTIST	11,377	54,121	\$ 2,256,552.55	\$ 41.69	13.307	\$ 198.34	\$ 554.84
VISITS - DIAGNOSTIC	7,525	35,656	467,782.21	13.12	8.767	62.16	115.02
ORAL SURGERY	1,416	2,854	144,197.21	50.52	.702	101.83	35.46

DRUGS	77	89	1,655.00	18.60	.022	21.49	.41
ANESTHESIA	13	14	1,100.00	78.57	.003	84.62	.27
PERIODONTICS	648	680	119,614.68	175.90	.167	184.59	29.41
ENDODONTICS	1,002	1,791	352,203.05	196.65	.440	351.50	86.60
RESTORATIVE DENTISTRY	3,893	10,576	900,578.95	85.15	2.600	231.33	221.44
PROSTHETICS	87	95	3,045.00	32.05	.023	35.00	.75
DENTURES, STAYPLATES	671	1,911	222,669.42	116.52	.470	331.85	54.75
SPACE MAINTAINERS	83	117	10,193.00	87.12	.029	122.81	2.51
MAXILLOFACIAL SERVICES	21	29	7,257.37	250.25	.007	345.59	1.78
FRACTURES, DISLOCATIONS	3	3	1,340.00	446.67	.001	446.67	.33
ORTHODONTIC SERVICES	210	259	22,741.66	87.81	.064	108.29	5.59
ALL OTHER SERVICES	43	47	2,175.00	46.28	.012	50.58	.53

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YOLO COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

	4,067 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	209	590	\$	12,649.70	\$ 21.44	.145	\$ 60.52	\$ 3.11
DIAGNOSTIC AND ANC. PROCED	114	116		5,353.01	46.15	.029	46.96	1.32
EYE APPLIANCES	171	469		7,179.03	15.31	.115	41.98	1.77
OTHER OPTOMETRIC SERVICES	3	5		117.66	23.53	.001	39.22	.03
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$ .00
VISITS	1	1		16.72	16.72	.000	16.72	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	22	40	\$	696.82	\$ 17.42	.010	\$ 31.67	\$ .17
MEDICINE/INJECTIONS	11	12		370.00	30.83	.003	33.64	.09
SURGERY/ANES.	0	0		48.78	.00	.000	.00	.01
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.01
OTHER	11	26		243.44	9.36	.006	22.13	.06
@HOME HEALTH AGENCY	5	12	\$	800.10	\$ 66.68	.003	\$ 160.02	\$ .20
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	5	\$	102.36	\$	20.47	.001	\$	25.59	\$	.03
@TOTAL HOSPITAL	584	1,919	\$	243,827.17	\$	127.06	.472	\$	417.51	\$	59.95
HOSP INPATIENT TOTAL	69	355		197,991.31		557.72	.087		2869.44		48.68
HSC HOSPITALS	24	82		90,029.73		1097.92	.020		3751.24		22.14
NON-HSC HOSPITAL TOTAL	11	34		86,138.34		2533.48	.008		7830.76		21.18
ACCOMMODATIONS	11	34		39,234.21		1153.95	.008		3566.75		9.65
ADMINISTRATIVE DAYS	1	1		1,780.19CR		1780.19CR	.000		1780.19CR		.44CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	33		41,014.40		1242.86	.008		4101.44		10.08
ANCILLARIES	11	0		46,904.13		.00	.000		4264.01		11.53
INPATIENT CROSSOVERS	34	239		21,823.24		91.31	.059		641.86		5.37
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	526	1,564		45,835.86		29.31	.385		87.14		11.27
MEDICAL	105	117		6,370.47		54.45	.029		60.67		1.57
SURGERY	25	25		1,519.71		60.79	.006		60.79		.37
PATHOLOGY	154	472		5,549.31		11.76	.116		36.03		1.36
RADIOLOGY	90	131		9,441.99		72.08	.032		104.91		2.32
ROOM USE	291	338		12,820.60		37.93	.083		44.06		3.15
CROSSOVERS/ALL OTH OUTPTNT	229	481		10,133.78		21.07	.118		44.25		2.49
@COUNTY HOSPITAL TOTAL	3	20	\$	21,797.06	\$	1089.85	.005	\$	7265.69	\$	5.36
CO HOSPITAL INPATIENT TOTAL	1	16		21,632.00		1352.00	.004		21632.00		5.32
HSC HOSPITALS	1	16		21,632.00		1352.00	.004		21632.00		5.32
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		165.06		41.27	.001		82.53		.04
MEDICAL	1	1		34.31		34.31	.000		34.31		.01
SURGERY	1	1		62.63		62.63	.000		62.63		.02
PATHOLOGY	1	1		23.23		23.23	.000		23.23		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		33.32		33.32	.000		33.32		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		11.57		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

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	4,067 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	581	1,899	\$	222,030.11	\$ 116.92	.467	\$ 382.15	\$ 54.59
COMM HOSP INPATIENT TOTAL	68	339		176,359.31	520.23	.083	2593.52	43.36
HSC HOSPITALS	23	66		68,397.73	1036.33	.016	2973.81	16.82
NON-HSC HOSPITALS TOTAL	11	34		86,138.34	2533.48	.008	7830.76	21.18
ACCOMMODATIONS	11	34		39,234.21	1153.95	.008	3566.75	9.65
ADMINISTRATIVE DAYS	1	1		1,780.19CR	1780.19CR	.000	1780.19CR	.44CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	33		41,014.40	1242.86	.008	4101.44	10.08
ANCILLARIES	11	0		46,904.13	.00	.000	4264.01	11.53
INPATIENT CROSSOVERS	34	239		21,823.24	91.31	.059	641.86	5.37
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	524	1,560		45,670.80		29.28	.384	87.16	11.23
MEDICAL	104	116		6,336.16		54.62	.029	60.92	1.56
SURGERY	24	24		1,457.08		60.71	.006	60.71	.36
PATHOLOGY	153	471		5,526.08		11.73	.116	36.12	1.36
RADIOLOGY	90	131		9,441.99		72.08	.032	104.91	2.32
ROOM USE	290	337		12,787.28		37.94	.083	44.09	3.14
CROSSOVERS/ALL OTH OUTPTNT	229	481		10,122.21		21.04	.118	44.20	2.49
@STATE HOSPITAL	16	469	\$	289,960.75	\$	618.25	.115	\$ 18122.55	\$ 71.30
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	16	469		289,960.75		618.25	.115	18122.55	71.30
@NURSING FACILITY	67	1,338	\$	186,692.98	\$	139.53	.329	\$ 2786.46	\$ 45.90
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	10	272		32,617.15		119.92	.067	3261.72	8.02
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	31		15,525.81		500.83	.008	15525.81	3.82
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	56	1,035		138,550.02		133.86	.254	2474.11	34.07
@INTERMEDIATE CARE FACIL.-DD	1	30	\$	2,723.55	\$	90.79	.007	\$ 2723.55	\$ .67
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	1	30		2,723.55		90.79	.007	2723.55	.67
@HEMODIALYSIS TOTAL	7	8	\$	4,818.55	\$	602.32	.002	\$ 688.36	\$ 1.18
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	7	8		4,818.55		602.32	.002	688.36	1.18
@REHABILITATION FACILITY	8	64	\$	1,059.91	\$	16.56	.016	\$ 132.49	\$ .26
HOSPITAL BASED	2	2		110.86		55.43	.000	55.43	.03
INDEPENDENT FACILITY	6	62		949.05		15.31	.015	158.18	.23
@LABORATORY FACILITY	307	1,050	\$	14,081.02	\$	13.41	.258	\$ 45.87	\$ 3.46
PATHOLOGY	306	1,049		14,078.53		13.42	.258	46.01	3.46
XO AND OTHERS	1	1		2.49		2.49	.000	2.49	.00
@ORGANIZED OUTPATIENT CLINIC	547	883	\$	104,995.12	\$	118.91	.217	\$ 191.95	\$ 25.82
CLINIC	35	76		2,058.64		27.09	.019	58.82	.51
SURGICENTER	7	40		1,372.89		34.32	.010	196.13	.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	506	767		101,563.59		132.42	.189	200.72	24.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 17,116
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE								

4,067 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	10,200	116,117	\$ 1,680,736.88	\$ 14.47	28.551	\$ 164.78	\$ 413.26	
DURABLE MED. EQUIP.	28	118	11,200.91	94.92	.029	400.03	2.75	
BLOOD BANK	0	0	66.50	.00	.000	.00	.02	
HEARING AID DISPENSERS	3	4	874.42	218.61	.001	291.47	.22	
MEDICAL TRANSPORTATION	80	1,733	16,038.36	9.25	.426	200.48	3.94	
AMBULANCES/AIR TRANS	57	830	9,997.59	12.05	.204	175.40	2.46	
OTHER TRANS	19	886	3,975.34	4.49	.218	209.23	.98	
OTHER SERVICES	5	17	2,065.43	121.50	.004	413.09	.51	
ACUPUNCTURE	1	4	64.88	16.22	.001	64.88	.02	
ADULT DAY HEALTH CARE CTR	706	12,316	825,134.35	67.00	3.028	1168.75	202.89	
GENETIC DISEASE TESTING	130	131	9,906.00	75.62	.032	76.20	2.44	
IHMC,MODEL-NF,NF,AIDS,MSSP	111	9,613	311,439.64	32.40	2.364	2805.76	76.58	
OCCUPATIONAL THERAPIST	2	14	268.00	19.14	.003	134.00	.07	
OPTICIAN	2,370	5,125	55,637.74	10.86	1.260	23.48	13.68	
PHYSICAL THERAPIST	3	17	302.23	17.78	.004	100.74	.07	

PORTABLE X-RAY	9	16		354.67	22.17	.004	39.41	.09
PROSTHETIST/ORTHOTISTS	5	13		1,871.36	143.95	.003	374.27	.46
PROSTHETICS	4	12		1,795.35	149.61	.003	448.84	.44
ORTHOTICS	1	1		76.01	76.01	.000	76.01	.02
PSYCHOLOGIST	10	29		1,717.62	59.23	.007	171.76	.42
SPEECH AND AUDIOLOGY	5	44		1,311.08	29.80	.011	262.22	.32
HOSPICE SERVICES	1	30		3,512.70	117.09	.007	3512.70	.86
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,749	43,807		315,649.64	7.21	10.771	46.77	77.61
EPSDT SUPPLEMENTAL SERVICE	12	4,110		113,351.70	27.58	1.011	9445.98	27.87
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	89	38,993		12,035.08	.31	9.588	135.23	2.96
@CALIF. CHILDREN SERVICES*	92	480	\$	66,108.41	\$ 137.73	.118	\$ 718.57	\$ 16.25
@XOVER EXCLUDING STATE HOSP**	251	1,524	\$	58,976.01	\$ 38.70	.375	\$ 234.96	\$ 14.50

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,117
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	529	2,264	\$ 252,242.75	\$ 111.41	41.926	\$ 476.83	\$ 4671.16
@PHYSICIANS SERVICES	5	8	\$ 473.24	\$ 59.16	.148	\$ 94.65	\$ 8.76
OUTPATIENT VISITS	3	4	218.62	54.66	.074	72.87	4.05
OFFICE VISITS	1	1	61.78	61.78	.019	61.78	1.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	156.84	52.28	.056	78.42	2.90
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	6.05	.00	.000	.00	.11
HOSPITAL VISITS	0	0	4.47	.00	.000	.00	.08
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	1.58	.00	.000	.00	.03
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	83.77	.00	.000	.00	1.55
PRINCIPAL SURGEON	0	0	83.77	.00	.000	.00	1.55
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	59.16	59.16	.019	59.16	1.10
PRINCIPAL SURGEON	1	1	59.16	59.16	.019	59.16	1.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	29.93	29.93	.019	29.93	.55
RADIOLOGY	0	0	9.71	.00	.000	.00	.18
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	66.00	33.00	.037	33.00	1.22
@PHARMACY	65	98	\$ 11,251.06	\$ 114.81	1.815	\$ 173.09	\$ 208.35
PRESCRIPTION DRUGS	65	98	11,251.06	114.81	1.815	173.09	208.35

SNF/ICF	6	7	816.38	116.63	.130	136.06	15.12
OUTPATIENTS	59	91	10,434.68	114.67	1.685	176.86	193.23
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	336	1,453	\$ 82,308.75	\$ 56.65	26.907	\$ 244.97	\$ 1524.24
VISITS - DIAGNOSTIC	185	811	10,273.00	12.67	15.019	55.53	190.24
ORAL SURGERY	60	240	10,868.00	45.28	4.444	181.13	201.26
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	36	37	6,300.00	170.27	.685	175.00	116.67
ENDODONTICS	21	31	7,155.00	230.81	.574	340.71	132.50
RESTORATIVE DENTISTRY	86	209	21,876.00	104.67	3.870	254.37	405.11
PROSTHETICS	3	6	250.00	41.67	.111	83.33	4.63
DENTURES, STAYPLATES	49	116	25,586.75	220.58	2.148	522.18	473.83
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	3	.00	.00	.056	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U

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54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	23	\$ 535.39	\$ 23.28	.426	\$ 76.48	\$ 9.91
DIAGNOSTIC AND ANC. PROCED	5	5	237.25	47.45	.093	47.45	4.39
EYE APPLIANCES	6	18	298.14	16.56	.333	49.69	5.52
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	5	\$ 220.79	\$ 44.16	.093	\$ 73.60	\$ 4.09
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5	220.79	44.16	.093	73.60	4.09
MEDICAL	0	0	61.72	.00	.000	.00	1.14
SURGERY	1	1	19.24	19.24	.019	19.24	.36
PATHOLOGY	0	0	21.22	.00	.000	.00	.39

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	89.90	44.95	.037	44.95	1.66
CROSSOVERS/ALL OTH OUTPTNT	2	2	28.71	14.36	.037	14.36	.53
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,119
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED						AID CODE 14 1H 1U

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	5	\$ 220.79	\$ 44.16	.093	\$ 73.60	\$ 4.09
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	5		220.79	44.16	.093	73.60	4.09
MEDICAL	0	0		61.72	.00	.000	.00	1.14
SURGERY	1	1		19.24	19.24	.019	19.24	.36
PATHOLOGY	0	0		21.22	.00	.000	.00	.39
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	2		89.90	44.95	.037	44.95	1.66
CROSSOVERS/ALL OTH OUTPTNT	2	2		28.71	14.36	.037	14.36	.53
@STATE HOSPITAL	6	265	\$	140,477.65	\$ 530.10	4.907	\$ 23412.94	\$ 2601.44
MENTALLY ILL	6	265		140,477.65	530.10	4.907	23412.94	2601.44
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	5	\$	63.91	\$ 12.78	.093	\$ 63.91	\$ 1.18
PATHOLOGY	1	5		63.91	12.78	.093	63.91	1.18
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	16	\$	1,964.58	\$ 122.79	.296	\$ 178.60	\$ 36.38
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	16		1,964.58	122.79	.296	178.60	36.38

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,120  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR      MN - NO SOC - AGED      AID CODE 14 1H 1U

	54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	120	391	\$	14,947.38	\$ 38.23	7.241	\$ 124.56	\$ 276.80
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		38.00	.00	.000	.00	.70
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00



ADULT DAY HEALTH CARE CTR	7	146	9,842.57	67.41	2.704	1406.08	182.27
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	4	11	1,211.23	110.11	.204	302.81	22.43
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	104	220	2,788.70	12.68	4.074	26.81	51.64
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	14	1,066.88	76.21	.259	213.38	19.76
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	6	15	\$ 1,083.74	\$ 72.25	.278	\$ 180.62	\$ 20.07

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,121
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND	AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	37	\$ 842.91	\$ 22.78	.000	\$ 76.63	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	8	26	\$	688.00	\$	26.46	.000	\$ 86.00	\$ .00
VISITS - DIAGNOSTIC	7	23		288.00		12.52	.000	41.14	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	2	3		400.00		133.33	.000	200.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 17,122
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
				AID CODE 24		----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	ELIGIBLE	
@OPTOMETRIST	1	3 \$	27.75	\$ 9.25	.000	\$ 27.75	\$ .00	.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	.00	
EYE APPLIANCES	1	3	27.75	9.25	.000	27.75	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	.00	
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	.00	
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	.00	
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	.00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	.00	
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,123  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,124  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	8	\$ 127.16	\$ 15.90	.000	\$ 63.58	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	8	127.16	15.90	.000	63.58	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,125
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	958	9,855	\$ 388,951.11	\$ 39.47	169.914	\$ 406.00	\$ 6706.05
@PHYSICIANS SERVICES	23	107	\$ 3,841.94	\$ 35.91	1.845	\$ 167.04	\$ 66.24
OUTPATIENT VISITS	7	11	479.20	43.56	.190	68.46	8.26
OFFICE VISITS	2	3	183.30	61.10	.052	91.65	3.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	196.26	65.42	.052	65.42	3.38
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	99.64	19.93	.086	24.91	1.72
INPATIENT VISITS	4	16	936.15	58.51	.276	234.04	16.14
HOSPITAL VISITS	3	12	449.75	37.48	.207	149.92	7.75
CRITICAL CARE	2	4	486.40	121.60	.069	243.20	8.39
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	29	1,237.40	42.67	.500	309.35	21.33
PRINCIPAL SURGEON	2	2	746.63	373.32	.034	373.32	12.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	27	490.77	18.18	.466	245.39	8.46

OUTPATIENT SURGERY	1	1	38.54	38.54	.017	38.54	.66
PRINCIPAL SURGEON	1	1	38.54	38.54	.017	38.54	.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	58.55	19.52	.052	29.28	1.01
RADIOLOGY	7	35	922.47	26.36	.603	131.78	15.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	12	169.63	14.14	.207	21.20	2.92
@PHARMACY	437	1,010	\$ 210,102.30	\$ 208.02	17.414	\$ 480.78	\$ 3622.45
PRESCRIPTION DRUGS	435	1,007	209,703.91	208.25	17.362	482.08	3615.58
SNF/ICF	10	48	5,253.97	109.46	.828	525.40	90.59
OUTPATIENTS	425	959	204,449.94	213.19	16.534	481.06	3525.00
MEDICAL SUPPLIES	3	3	398.39	132.80	.052	132.80	6.87
@DENTIST	347	1,563	\$ 86,940.46	\$ 55.62	26.948	\$ 250.55	\$ 1498.97
VISITS - DIAGNOSTIC	213	964	12,062.54	12.51	16.621	56.63	207.97
ORAL SURGERY	43	131	6,404.00	48.89	2.259	148.93	110.41
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	15.00	7.50	.034	7.50	.26
PERIODONTICS	31	31	6,055.00	195.32	.534	195.32	104.40
ENDODONTICS	33	45	10,908.00	242.40	.776	330.55	188.07
RESTORATIVE DENTISTRY	103	279	35,702.50	127.97	4.810	346.63	615.56
PROSTHETICS	1	1	30.00	30.00	.017	30.00	.52
DENTURES, STAYPLATES	40	110	15,763.42	143.30	1.897	394.09	271.78
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,126
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YOLO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

58 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	8	\$	168.74	\$ 21.09	.138	\$ 56.25	\$ 2.91
DIAGNOSTIC AND ANC. PROCED	2	2		83.04	41.52	.034	41.52	1.43
EYE APPLIANCES	2	6		85.70	14.28	.103	42.85	1.48
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	17	115	\$	16,979.26	\$ 147.65	1.983	\$ 998.78	\$ 292.75
HOSP INPATIENT TOTAL	8	68		15,789.87	232.20	1.172	1973.73	272.24
HSC HOSPITALS	1	8		12,680.00	1585.00	.138	12680.00	218.62

NON-HSC HOSPITAL TOTAL	0	0	407.49CR	.00	.000	.00	7.03CR
ACCOMMODATIONS	0	0	407.49CR	.00	.000	.00	7.03CR
ADMINISTRATIVE DAYS	0	0	483.00CR	.00	.000	.00	8.33CR
TRANSITIONAL IP CARE	0	0	75.51	.00	.000	.00	1.30
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	7	60	3,517.36	58.62	1.034	502.48	60.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	47	1,189.39	25.31	.810	132.15	20.51
MEDICAL	1	0	151.49	.00	.000	151.49	2.61
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	17	151.63	8.92	.293	50.54	2.61
RADIOLOGY	2	3	235.37	78.46	.052	117.69	4.06
ROOM USE	4	6	219.90	36.65	.103	54.98	3.79
CROSSOVERS/ALL OTH OUTPTNT	4	21	431.00	20.52	.362	107.75	7.43
@COUNTY HOSPITAL TOTAL	0	0	\$ 184.68CR	\$ .00	.000	\$ .00	\$ 3.18CR
CO HOSPITAL INPATIENT TOTAL	0	0	184.68CR	.00	.000	.00	3.18CR
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	184.68CR	.00	.000	.00	3.18CR
ACCOMMODATIONS	0	0	184.68CR	.00	.000	.00	3.18CR
ADMINISTRATIVE DAYS	0	0	184.68CR	.00	.000	.00	3.18CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	115	\$ 17,163.94	\$ 149.25	1.983	\$ 1009.64	\$ 295.93
COMM HOSP INPATIENT TOTAL	8	68	15,974.55	234.92	1.172	1996.82	275.42
HSC HOSPITALS	1	8	12,680.00	1585.00	.138	12680.00	218.62
NON-HSC HOSPITALS TOTAL	0	0	222.81CR	.00	.000	.00	3.84CR
ACCOMMODATIONS	0	0	222.81CR	.00	.000	.00	3.84CR
ADMINISTRATIVE DAYS	0	0	298.32CR	.00	.000	.00	5.14CR
TRANSITIONAL IP CARE	0	0	75.51	.00	.000	.00	1.30
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	7	60	3,517.36	58.62	1.034	502.48	60.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	47	1,189.39	25.31	.810	132.15	20.51
MEDICAL	1	0	151.49	.00	.000	151.49	2.61
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	17	151.63	8.92	.293	50.54	2.61
RADIOLOGY	2	3	235.37	78.46	.052	117.69	4.06
ROOM USE	4	6	219.90	36.65	.103	54.98	3.79

CROSSOVERS/ALL OTH OUTPTNT	4	21		431.00		20.52	.362	107.75	7.43
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	4	101	\$	11,680.56	\$	115.65	1.741	\$ 2920.14	\$ 201.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	4	101		11,680.56		115.65	1.741	2920.14	201.39
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	7	\$	98.26	\$	14.04	.121	\$ 32.75	\$ 1.69
PATHOLOGY	3	7		98.26		14.04	.121	32.75	1.69
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	8	\$	712.72	\$	89.09	.138	\$ 89.09	\$ 12.29
CLINIC	2	2		107.64		53.82	.034	53.82	1.86
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	6	6		605.08		100.85	.103	100.85	10.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	227	6,936	\$ 58,426.87	\$ 8.42	119.586	\$ 257.39	\$ 1007.36
DURABLE MED. EQUIP.	3	18	94.02	5.22	.310	31.34	1.62
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	23	54.89	2.39	.397	54.89	.95
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	23	54.89	2.39	.397	54.89	.95
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	20	277	18,590.06	67.11	4.776	929.50	320.52
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	23	406	12,834.68	31.61	7.000	558.03	221.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	95	203	2,486.31	12.25	3.500	26.17	42.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.034	45.98	.79
PROSTHETICS	1	2	45.98	22.99	.034	45.98	.79
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	46.44	46.44	.017	46.44	.80
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00



HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	82	6,006	24,239.95	4.04	103.552	295.61	417.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	0	34.54	.00	.000	34.54	.60
@CALIF. CHILDREN SERVICES*	2	15	\$ .00	\$ .00	.259	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	18	24	\$ 4,061.68	\$ 169.24	.414	\$ 225.65	\$ 70.03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,129
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YOLO COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J	

	21,046 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,817	66,659	\$	3,058,221.94	\$ 45.88	3.167	\$ 221.34	\$ 145.31
@PHYSICIANS SERVICES	926	2,613	\$	154,755.34	\$ 59.23	.124	\$ 167.12	\$ 7.35
OUTPATIENT VISITS	344	621		25,421.54	40.94	.030	73.90	1.21
OFFICE VISITS	50	57		3,554.08	62.35	.003	71.08	.17
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	222	253		13,536.09	53.50	.012	60.97	.64
PREVENTIVE CARE	0	0		3.00CR	.00	.000	.00	.00
OB VISITS/COMPRE PERI	43	263		6,635.24	25.23	.012	154.31	.32
OTHER OUTPATIENT	37	48		1,699.13	35.40	.002	45.92	.08
INPATIENT VISITS	84	315		23,231.55	73.75	.015	276.57	1.10
HOSPITAL VISITS	71	173		8,078.50	46.70	.008	113.78	.38
CRITICAL CARE	20	142		15,153.05	106.71	.007	757.65	.72
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5		152.97	30.59	.000	30.59	.01

EXAMINATIONS	4	4	152.97	38.24	.000	38.24	.01
SERVICES AND MATERIALS	1	1	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	131	634	66,182.25	104.39	.030	505.21	3.14
PRINCIPAL SURGEON	63	91	47,244.37	519.17	.004	749.91	2.24
ASSISTANT SURGEON	17	17	3,091.22	181.84	.001	181.84	.15
ANESTHESIOLOGIST	72	526	15,846.66	30.13	.025	220.09	.75
OUTPATIENT SURGERY	58	119	6,935.32	58.28	.006	119.57	.33
PRINCIPAL SURGEON	45	55	4,975.90	90.47	.003	110.58	.24
ASSISTANT SURGEON	1	1	62.62	62.62	.000	62.62	.00
ANESTHESIOLOGIST	15	63	1,896.80	30.11	.003	126.45	.09
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	102	151	3,456.34	22.89	.007	33.89	.16
RADIOLOGY	394	637	23,430.89	36.78	.030	59.47	1.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	12	783.35	65.28	.001	65.28	.04
OTHER SERVICES/ALL X-OVERS	73	119	5,161.13	43.37	.006	70.70	.25
@PHARMACY	930	1,637	\$ 78,119.87	\$ 47.72	.078	\$ 84.00	\$ 3.71
PRESCRIPTION DRUGS	903	1,487	67,212.99	45.20	.071	74.43	3.19
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	903	1,487	67,212.99	45.20	.071	74.43	3.19
MEDICAL SUPPLIES	66	150	10,906.88	72.71	.007	165.26	.52
@DENTIST	6,651	32,390	\$ 1,164,963.76	\$ 35.97	1.539	\$ 175.16	\$ 55.35
VISITS - DIAGNOSTIC	4,478	21,727	285,453.04	13.14	1.032	63.75	13.56
ORAL SURGERY	756	1,347	67,848.15	50.37	.064	89.75	3.22
DRUGS	50	57	940.00	16.49	.003	18.80	.04
ANESTHESIA	5	5	300.00	60.00	.000	60.00	.01
PERIODONTICS	352	371	62,335.00	168.02	.018	177.09	2.96
ENDODONTICS	622	1,092	183,907.50	168.41	.052	295.67	8.74
RESTORATIVE DENTISTRY	2,604	7,131	512,906.65	71.93	.339	196.97	24.37
PROSTHETICS	42	47	1,070.00	22.77	.002	25.48	.05
DENTURES, STAYPLATES	98	343	32,080.68	93.53	.016	327.35	1.52
SPACE MAINTAINERS	48	69	5,892.74	85.40	.003	122.77	.28
MAXILLOFACIAL SERVICES	6	6	350.00	58.33	.000	58.33	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	102	165	11,580.00	70.18	.008	113.53	.55
ALL OTHER SERVICES	21	30	300.00	10.00	.001	14.29	.01
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YOLO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J						

		----- MONTHLY AVERAGE -----						
21,046 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	26	65	\$ 1,264.14	\$ 19.45	.003	\$ 48.62	\$ .06	
DIAGNOSTIC AND ANC. PROCED	9	9	427.05	47.45	.000	47.45	.02	
EYE APPLIANCES	24	55	823.61	14.97	.003	34.32	.04	
OTHER OPTOMETRIC SERVICES	1	1	13.48	13.48	.000	13.48	.00	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	.00	.00	.000	.00	.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	49	54	\$ 3,637.13	\$ 67.35	.003	\$ 74.23	\$ .17	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,231	8,933	\$	1,122,941.18	\$	125.71	.424	\$	912.22	\$	53.36
HOSP INPATIENT TOTAL	211	812		920,190.80		1133.24	.039		4361.09		43.72
HSC HOSPITALS	110	415		478,233.50		1152.37	.020		4347.58		22.72
NON-HSC HOSPITAL TOTAL	103	393		440,674.93		1121.31	.019		4278.40		20.94
ACCOMMODATIONS	103	393		148,826.93		378.69	.019		1444.92		7.07
ADMINISTRATIVE DAYS	1	8		1,677.42		209.68	.000		1677.42		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	102	385		147,149.51		382.21	.018		1442.64		6.99
ANCILLARIES	103	0		291,848.00		.00	.000		2833.48		13.87
INPATIENT CROSSOVERS	2	4		1,282.37		320.59	.000		641.19		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,121	8,121		202,750.38		24.97	.386		180.87		9.63
MEDICAL	107	125		4,427.15		35.42	.006		41.38		.21
SURGERY	68	81		3,501.23		43.23	.004		51.49		.17
PATHOLOGY	392	1,309		14,861.70		11.35	.062		37.91		.71
RADIOLOGY	193	243		14,648.92		60.28	.012		75.90		.70
ROOM USE	825	1,513		47,665.21		31.50	.072		57.78		2.26
CROSSOVERS/ALL OTH OUTPTNT	795	4,850		117,646.17		24.26	.230		147.98		5.59
@COUNTY HOSPITAL TOTAL	4	9	\$	6,425.91	\$	713.99	.000	\$	1606.48	\$	.31
CO HOSPITAL INPATIENT TOTAL	2	5		6,296.02		1259.20	.000		3148.01		.30
HSC HOSPITALS	2	5		6,296.02		1259.20	.000		3148.01		.30
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		129.89		32.47	.000		64.95		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		6.04		6.04	.000		6.04		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		35.52		35.52	.000		35.52		.00
CROSSOVERS/ALL OTH OUTPTNT	2	2		88.33		44.17	.000		44.17		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 17,131
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J										

		----- MONTHLY AVERAGE -----								
	21,046 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	1,227	8,924	\$	1,116,515.27	\$ 125.11	.424	\$ 909.96	\$	53.05	
COMM HOSP INPATIENT TOTAL	209	807		913,894.78	1132.46	.038	4372.70		43.42	
HSC HOSPITALS	108	410		471,937.48	1151.07	.019	4369.79		22.42	
NON-HSC HOSPITALS TOTAL	103	393		440,674.93	1121.31	.019	4278.40		20.94	
ACCOMMODATIONS	103	393		148,826.93	378.69	.019	1444.92		7.07	
ADMINISTRATIVE DAYS	1	8		1,677.42	209.68	.000	1677.42		.08	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	102	385		147,149.51	382.21	.018	1442.64		6.99	
ANCILLARIES	103	0		291,848.00	.00	.000	2833.48		13.87	
INPATIENT CROSSOVERS	2	4		1,282.37	320.59	.000	641.19		.06	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	

COMM HOSP OUTPATIENT TOTAL	1,119	8,117		202,620.49		24.96	.386	181.07	9.63
MEDICAL	107	125		4,427.15		35.42	.006	41.38	.21
SURGERY	68	81		3,501.23		43.23	.004	51.49	.17
PATHOLOGY	391	1,308		14,855.66		11.36	.062	37.99	.71
RADIOLOGY	193	243		14,648.92		60.28	.012	75.90	.70
ROOM USE	824	1,512		47,629.69		31.50	.072	57.80	2.26
CROSSEOVERS/ALL OTH OUTPTNT	793	4,848		117,557.84		24.25	.230	148.24	5.59
@STATE HOSPITAL	11	355	\$	185,334.41	\$	522.07	.017	\$ 16848.58	\$ 8.81
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	11	355		185,334.41		522.07	.017	16848.58	8.81
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	6	18	\$	508.21	\$	28.23	.001	\$ 84.70	\$ .02
HOSPITAL BASED	1	2		136.00		68.00	.000	136.00	.01
INDEPENDENT FACILITY	5	16		372.21		23.26	.001	74.44	.02
@LABORATORY FACILITY	552	1,299	\$	19,670.40	\$	15.14	.062	\$ 35.63	\$ .93
PATHOLOGY	552	1,299		19,670.40		15.14	.062	35.63	.93
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	709	2,352	\$	144,418.31	\$	61.40	.112	\$ 203.69	\$ 6.86
CLINIC	349	1,848		97,007.30		52.49	.088	277.96	4.61
SURGICENTER	4	27		648.70		24.03	.001	162.18	.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	356	477		46,762.31		98.03	.023	131.35	2.22

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,132  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR    MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	21,046 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,789	16,943	\$	182,609.19	\$ 10.78	.805	\$ 38.13	\$ 8.68
DURABLE MED. EQUIP.	1	5CR		699.80CR	139.96	.000	699.80CR	.03CR
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	39	474		6,127.86	12.93	.023	157.12	.29
AMBULANCES/AIR TRANS	39	474		6,127.86	12.93	.023	157.12	.29
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	252	254		20,758.00	81.72	.012	82.37	.99
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	814	1,700		16,353.63	9.62	.081	20.09	.78
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	8	946.90	118.36	.000	315.63	.04
PROSTHETICS	2	7	858.21	122.60	.000	429.11	.04
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	2	2	75.92	37.96	.000	37.96	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,717	14,510	139,046.68	9.58	.689	37.41	6.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	45	227	\$ 158,019.21	\$ 696.12	.011	\$ 3511.54	\$ 7.51
@XOVER EXCLUDING STATE HOSP**	5	4	\$ 1,358.31	\$ 339.58	.000	\$ 271.66	\$ .06

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,133
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC	

21,158 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,315	78,815	\$ 3,700,258.71	\$ 46.95	3.725	\$ 241.61	\$ 174.89
@PHYSICIANS SERVICES	954	2,728	\$ 159,070.52	\$ 58.31	.129	\$ 166.74	\$ 7.52
OUTPATIENT VISITS	354	636	26,119.36	41.07	.030	73.78	1.23
OFFICE VISITS	53	61	3,799.16	62.28	.003	71.68	.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	227	259	13,889.19	53.63	.012	61.19	.66
PREVENTIVE CARE	0	0	3.00CR	.00	.000	.00	.00
OB VISITS/COMPRE PERI	43	263	6,635.24	25.23	.012	154.31	.31
OTHER OUTPATIENT	41	53	1,798.77	33.94	.003	43.87	.09
INPATIENT VISITS	88	331	24,173.75	73.03	.016	274.70	1.14
HOSPITAL VISITS	74	185	8,532.72	46.12	.009	115.31	.40
CRITICAL CARE	22	146	15,639.45	107.12	.007	710.88	.74
SNF/ICF/TRANS IP CARE	0	0	1.58	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	152.97	30.59	.000	30.59	.01
EXAMINATIONS	4	4	152.97	38.24	.000	38.24	.01
SERVICES AND MATERIALS	1	1	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	135	663	67,503.42	101.82	.031	500.03	3.19
PRINCIPAL SURGEON	65	93	48,074.77	516.93	.004	739.61	2.27
ASSISTANT SURGEON	17	17	3,091.22	181.84	.001	181.84	.15
ANESTHESIOLOGIST	74	553	16,337.43	29.54	.026	220.78	.77
OUTPATIENT SURGERY	60	121	7,033.02	58.12	.006	117.22	.33
PRINCIPAL SURGEON	47	57	5,073.60	89.01	.003	107.95	.24
ASSISTANT SURGEON	1	1	62.62	62.62	.000	62.62	.00
ANESTHESIOLOGIST	15	63	1,896.80	30.11	.003	126.45	.09
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	105	155	3,544.82	22.87	.007	33.76	.17
RADIOLOGY	401	672	24,363.07	36.25	.032	60.76	1.15
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	12	783.35	65.28	.001	65.28	.04
OTHER SERVICES/ALL X-OVERS	83	133	5,396.76	40.58	.006	65.02	.26
@PHARMACY	1,432	2,745	\$ 299,473.23	\$ 109.10	.130	\$ 209.13	\$ 14.15
PRESCRIPTION DRUGS	1,403	2,592	288,167.96	111.18	.123	205.39	13.62

SNF/ICF	16	55	6,070.35	110.37	.003	379.40	.29
OUTPATIENTS	1,387	2,537	282,097.61	111.19	.120	203.39	13.33
MEDICAL SUPPLIES	69	153	11,305.27	73.89	.007	163.84	.53
@DENTIST	7,342	35,432	\$ 1,334,900.97	\$ 37.68	1.675	\$ 181.82	\$ 63.09
VISITS - DIAGNOSTIC	4,883	23,525	308,076.58	13.10	1.112	63.09	14.56
ORAL SURGERY	859	1,718	85,120.15	49.55	.081	99.09	4.02
DRUGS	50	57	940.00	16.49	.003	18.80	.04
ANESTHESIA	7	7	315.00	45.00	.000	45.00	.01
PERIODONTICS	421	442	75,090.00	169.89	.021	178.36	3.55
ENDODONTICS	676	1,168	201,970.50	172.92	.055	298.77	9.55
RESTORATIVE DENTISTRY	2,793	7,619	570,485.15	74.88	.360	204.26	26.96
PROSTHETICS	46	54	1,350.00	25.00	.003	29.35	.06
DENTURES, STAYPLATES	187	569	73,430.85	129.05	.027	392.68	3.47
SPACE MAINTAINERS	48	69	5,892.74	85.40	.003	122.77	.28
MAXILLOFACIAL SERVICES	6	6	350.00	58.33	.000	58.33	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	102	165	11,580.00	70.18	.008	113.53	.55
ALL OTHER SERVICES	23	33	300.00	9.09	.002	13.04	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,134  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
YOLO COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

21,158 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	37	99	\$ 1,996.02	\$ 20.16	.005	\$ 53.95	\$ .09
DIAGNOSTIC AND ANC. PROCED	16	16	747.34	46.71	.001	46.71	.04
EYE APPLIANCES	33	82	1,235.20	15.06	.004	37.43	.06
OTHER OPTOMETRIC SERVICES	1	1	13.48	13.48	.000	13.48	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	0	0		.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	49	54	\$	3,637.13	\$ 67.35	.003	\$ 74.23	\$ .17	
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	.00	.00	
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	.00	.00	
@TOTAL HOSPITAL	1,251	9,053	\$	1,140,141.23	\$ 125.94	.428	\$ 911.38	\$ 53.89	
HOSP INPATIENT TOTAL	219	880		935,980.67	1063.61	.042	4273.88	44.24	
HSC HOSPITALS	111	423		490,913.50	1160.55	.020	4422.64	23.20	
NON-HSC HOSPITAL TOTAL	103	393		440,267.44	1120.27	.019	4274.44	20.81	
ACCOMMODATIONS	103	393		148,419.44	377.66	.019	1440.97	7.01	
ADMINISTRATIVE DAYS	1	8		1,194.42	149.30	.000	1194.42	.06	
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00	.00	
ALL OTHER ACCOM	102	385		147,149.51	382.21	.018	1442.64	6.95	
ANCILLARIES	103	0		291,848.00	.00	.000	2833.48	13.79	
INPATIENT CROSSOVERS	9	64		4,799.73	75.00	.003	533.30	.23	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	1,133	8,173		204,160.56	24.98	.386	180.19	9.65	
MEDICAL	108	125		4,640.36	37.12	.006	42.97	.22	
SURGERY	69	82		3,520.47	42.93	.004	51.02	.17	
PATHOLOGY	395	1,326		15,034.55	11.34	.063	38.06	.71	
RADIOLOGY	195	246		14,884.29	60.51	.012	76.33	.70	
ROOM USE	831	1,521		47,975.01	31.54	.072	57.73	2.27	
CROSSOVERS/ALL OTH OUTPTNT	801	4,873		118,105.88	24.24	.230	147.45	5.58	
@COUNTY HOSPITAL TOTAL	4	9	\$	6,241.23	\$ 693.47	.000	\$ 1560.31	\$ .29	
CO HOSPITAL INPATIENT TOTAL	2	5		6,111.34	1222.27	.000	3055.67	.29	
HSC HOSPITALS	2	5		6,296.02	1259.20	.000	3148.01	.30	
NON-HSC HOSPITALS TOTAL	0	0		184.68CR	.00	.000	.00	.01CR	
ACCOMMODATIONS	0	0		184.68CR	.00	.000	.00	.01CR	
ADMINISTRATIVE DAYS	0	0		184.68CR	.00	.000	.00	.01CR	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	2	4		129.89	32.47	.000	64.95	.01	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	1	1		6.04	6.04	.000	6.04	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	1	1		35.52	35.52	.000	35.52	.00	
CROSSOVERS/ALL OTH OUTPTNT	2	2		88.33	44.17	.000	44.17	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 17,135
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC								

					----- MONTHLY AVERAGE -----			
21,158 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,247	9,044	\$ 1,133,900.00	\$ 125.38	.427	\$ 909.30	\$ 53.59	
COMM HOSP INPATIENT TOTAL	217	875	929,869.33	1062.71	.041	4285.11	43.95	
HSC HOSPITALS	109	418	484,617.48	1159.37	.020	4446.03	22.90	
NON-HSC HOSPITALS TOTAL	103	393	440,452.12	1120.74	.019	4276.23	20.82	
ACCOMMODATIONS	103	393	148,604.12	378.13	.019	1442.76	7.02	

ADMINISTRATIVE DAYS	1	8		1,379.10	172.39	.000	1379.10	.07
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00	.00
ALL OTHER ACCOM	102	385		147,149.51	382.21	.018	1442.64	6.95
ANCILLARIES	103	0		291,848.00	.00	.000	2833.48	13.79
INPATIENT CROSSOVERS	9	64		4,799.73	75.00	.003	533.30	.23
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,131	8,169		204,030.67	24.98	.386	180.40	9.64
MEDICAL	108	125		4,640.36	37.12	.006	42.97	.22
SURGERY	69	82		3,520.47	42.93	.004	51.02	.17
PATHOLOGY	394	1,325		15,028.51	11.34	.063	38.14	.71
RADIOLOGY	195	246		14,884.29	60.51	.012	76.33	.70
ROOM USE	830	1,520		47,939.49	31.54	.072	57.76	2.27
CROSSOVERS/ALL OTH OUTPTNT	799	4,871		118,017.55	24.23	.230	147.71	5.58
@STATE HOSPITAL	17	620	\$	325,812.06	\$ 525.50	.029	\$ 19165.42	\$ 15.40
MENTALLY ILL	6	265		140,477.65	530.10	.013	23412.94	6.64
DEVELOP. DISABLED	11	355		185,334.41	522.07	.017	16848.58	8.76
@NURSING FACILITY	4	101	\$	11,680.56	\$ 115.65	.005	\$ 2920.14	\$ .55
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	4	101		11,680.56	115.65	.005	2920.14	.55
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	6	18	\$	508.21	\$ 28.23	.001	\$ 84.70	\$ .02
HOSPITAL BASED	1	2		136.00	68.00	.000	136.00	.01
INDEPENDENT FACILITY	5	16		372.21	23.26	.001	74.44	.02
@LABORATORY FACILITY	556	1,311	\$	19,832.57	\$ 15.13	.062	\$ 35.67	\$ .94
PATHOLOGY	556	1,311		19,832.57	15.13	.062	35.67	.94
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	728	2,376	\$	147,095.61	\$ 61.91	.112	\$ 202.05	\$ 6.95
CLINIC	351	1,850		97,114.94	52.49	.087	276.68	4.59
SURGICENTER	4	27		648.70	24.03	.001	162.18	.03
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	373	499		49,331.97	98.86	.024	132.26	2.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,136	
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YOLO COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC							

----- MONTHLY AVERAGE -----								
21,158 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	5,138	24,278	\$ 256,110.60	\$ 10.55	1.147	\$ 49.85	\$ 12.10	
DURABLE MED. EQUIP.	4	13	605.78CR	46.60CR	.001	151.45CR	.03CR	
BLOOD BANK	0	0	38.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	40	497	6,182.75	12.44	.023	154.57	.29	
AMBULANCES/AIR TRANS	39	474	6,127.86	12.93	.022	157.12	.29	
OTHER TRANS	1	23	54.89	2.39	.001	54.89	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	



ADULT DAY HEALTH CARE CTR	27	423	28,432.63	67.22	.020	1053.06	1.34
GENETIC DISEASE TESTING	252	254	20,758.00	81.72	.012	82.37	.98
IHMC, MODEL-NF, NF, AIDS, MSSP	27	417	14,045.91	33.68	.020	520.22	.66
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,015	2,131	21,755.80	10.21	.101	21.43	1.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	10	992.88	99.29	.000	248.22	.05
PROSTHETICS	3	9	904.19	100.47	.000	301.40	.04
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	3	3	122.36	40.79	.000	40.79	.01
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,799	20,516	163,286.63	7.96	.970	42.98	7.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	14	1,101.42	78.67	.001	183.57	.05
@CALIF. CHILDREN SERVICES*	47	242	\$ 158,019.21	\$ 652.97	.011	\$ 3362.11	\$ 7.47
@XOVER EXCLUDING STATE HOSP**	29	43	\$ 6,503.73	\$ 151.25	.002	\$ 224.27	\$ .31

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,137  
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YOLO COUNTY      SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	36	103	\$ 6,632.80	\$ 64.40	.000	\$ 184.24	\$ .00
@PHYSICIANS SERVICES	2	4	\$ 73.75	\$ 18.44	.000	\$ 36.88	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	4		73.75	18.44	.000	36.88	.00
@PHARMACY	15	19	\$	2,969.69	\$ 156.30	.000	\$ 197.98	\$ .00
PRESCRIPTION DRUGS	15	19		2,969.69	156.30	.000	197.98	.00
SNF/ICF	3	3		330.37	110.12	.000	110.12	.00
OUTPATIENTS	12	16		2,639.32	164.96	.000	219.94	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	15	62	\$	2,770.55	\$ 44.69	.000	\$ 184.70	\$ .00
VISITS - DIAGNOSTIC	9	40		516.00	12.90	.000	57.33	.00
ORAL SURGERY	1	5		237.00	47.40	.000	237.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.000	200.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	4		735.00	183.75	.000	367.50	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	12		1,082.55	90.21	.000	270.64	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	1	1	\$ 1.83	\$ 1.83	.000	\$ 1.83	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	1.83	1.83	.000	1.83	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	1.83	1.83	.000	1.83	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,139  
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 YOLO COUNTY      SUMMARY OF SERVICES FOR 29 MN - SOC - AGED      AID CODE

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$	1.83	\$ 1.83	.000	\$ 1.83	\$ .00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1		1.83	1.83	.000	1.83	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		1.83	1.83	.000	1.83	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8		17	\$ 816.98	\$ 48.06	.000	\$ 102.12	\$ .00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	10	748.55	74.86	.000	187.14	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	42.72	10.68	.000	21.36	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3	25.71	8.57	.000	12.86	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	4	5	\$ 48.18	\$ 9.64	.000	\$ 12.05	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,141
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,142  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,143  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00		.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
LEV B-REGULAR	0	0		.00		.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00 \$ .00
ICF DDH	0	0		.00		.00	.000	.00 .00
ICF DD	0	0		.00		.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00		.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$ .00
PATHOLOGY	0	0		.00		.00	.000	.00 .00
XO AND OTHERS	0	0		.00		.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$ .00 \$ .00
CLINIC	0	0		.00		.00	.000	.00 .00
SURGICENTER	0	0		.00		.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,144  
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
 YOLO COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE



00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024 FEE-FOR-SERVICE/DENTAL  
YOLO COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

PAGE 17,145  
01/17/03

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	126	649	\$ 82,082.29	\$ 126.48	129.800	\$ 651.45	\$ 16416.46
@PHYSICIANS SERVICES	3	34	\$ 713.74	\$ 20.99	6.800	\$ 237.91	\$ 142.75
OUTPATIENT VISITS	0	0	8.13	.00	.000	.00	1.63
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	29.22CR	.00	.000	.00	5.84CR
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	37.35	.00	.000	.00	7.47
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	29		425.93	14.69	5.800	425.93	85.19
PRINCIPAL SURGEON	1	1		21.04	21.04	.200	21.04	4.21
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	28		404.89	14.46	5.600	404.89	80.98
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		156.16	.00	.000	.00	31.23
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5		123.52	24.70	1.000	41.17	24.70
@PHARMACY	79	204	\$	59,988.07	\$ 294.06	40.800	\$ 759.34	\$ 11997.61
PRESCRIPTION DRUGS	79	204		59,988.07	294.06	40.800	759.34	11997.61
SNF/ICF	6	19		2,740.58	144.24	3.800	456.76	548.12
OUTPATIENTS	74	185		57,247.49	309.45	37.000	773.61	11449.50
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	39	195	\$	8,533.00	\$ 43.76	39.000	\$ 218.79	\$ 1706.60
VISITS - DIAGNOSTIC	22	88		1,083.00	12.31	17.600	49.23	216.60
ORAL SURGERY	6	51		1,635.00	32.06	10.200	272.50	327.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	4	4		800.00	200.00	.800	200.00	160.00
ENDODONTICS	1	1		215.00	215.00	.200	215.00	43.00
RESTORATIVE DENTISTRY	13	34		3,005.00	88.38	6.800	231.15	601.00
PROSTHETICS	1	1		30.00	30.00	.200	30.00	6.00
DENTURES, STAYPLATES	4	6		1,765.00	294.17	1.200	441.25	353.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	10		.00	.00	2.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,146  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR      31 MN - SOC - DISABLED      AID CODES 65 67 6W

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	7	\$ 153.67	\$ 21.95	1.400	\$ 76.84	\$ 30.73
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.200	47.45	9.49
EYE APPLIANCES	2	6	106.22	17.70	1.200	53.11	21.24
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	5	\$	738.45	\$	147.69	1.000	\$	738.45	\$	147.69
HOSP INPATIENT TOTAL	1	5		602.88		120.58	1.000		602.88		120.58
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		103.60		.00	.000		.00		20.72
ACCOMMODATIONS	0	0		100.59		.00	.000		.00		20.12
ADMINISTRATIVE DAYS	0	0		100.59		.00	.000		.00		20.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		3.01		.00	.000		.00		.60
INPATIENT CROSSOVERS	1	5		499.28		99.86	1.000		499.28		99.86
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		135.57		.00	.000		.00		27.11
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		135.57		.00	.000		.00		27.11
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED      AID CODES 65 67 6W

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	5	\$ 738.45	\$ 147.69	1.000	\$ 738.45	\$ 147.69
COMM HOSP INPATIENT TOTAL	1	5	602.88	120.58	1.000	602.88	120.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	103.60	.00	.000	.00	20.72
ACCOMMODATIONS	0	0	100.59	.00	.000	.00	20.12
ADMINISTRATIVE DAYS	0	0	100.59	.00	.000	.00	20.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	3.01	.00	.000	.00	.60
INPATIENT CROSSOVERS	1	5	499.28	99.86	1.000	499.28	99.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	135.57	.00	.000	.00	27.11
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	135.57	.00	.000	.00	27.11
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	16.15	.00	.000	.00	3.23
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	6	1,204.00	\$ 200.67	1.200	\$ 301.00	\$ 240.80
CLINIC	0	0	21.00	.00	.000	.00	4.20
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	6	1,183.00	197.17	1.200	295.75	236.60

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YOLO COUNTY      SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED      AID CODES 65 67 6W

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	18	198	\$ 10,735.21	\$ 54.22	39.600	\$ 596.40	\$ 2147.04	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	2	26	167.65	6.45	5.200	83.83	33.53	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	1	16	151.60	9.48	3.200	151.60	30.32	
OTHER SERVICES	1	10	16.05	1.61	2.000	16.05	3.21	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	9	155	10,380.69	66.97	31.000	1153.41	2076.14	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	6	11	131.91	11.99	2.200	21.99	26.38	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	6	54.96	9.16	1.200	54.96	10.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ 9.70	\$ .00	.000	\$ .00	\$ 1.94
@XOVER EXCLUDING STATE HOSP**	3	11	\$ 532.51	\$ 48.41	2.200	\$ 177.50	\$ 106.50

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,149
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37	

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	84	405	\$ 17,856.07	\$ 44.09	20.250	\$ 212.57	\$ 892.80
@PHYSICIANS SERVICES	2	25	\$ 1,399.00	\$ 55.96	1.250	\$ 699.50	\$ 69.95
OUTPATIENT VISITS	1	1	20.26	20.26	.050	20.26	1.01
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	13.77CR	.00	.000	.00	.69CR
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	1	1		34.03	34.03	.050	34.03	1.70
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	24		1,362.37	56.77	1.200	1362.37	68.12
PRINCIPAL SURGEON	1	1		951.60	951.60	.050	951.60	47.58
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	23		410.77	17.86	1.150	410.77	20.54
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		13.07	.00	.000	.00	.65
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		3.30	.00	.000	.00	.17
@PHARMACY	5	18	\$	1,808.38	\$ 100.47	.900	\$ 361.68	\$ 90.42
PRESCRIPTION DRUGS	5	18		1,808.38	100.47	.900	361.68	90.42
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	5	18		1,808.38	100.47	.900	361.68	90.42
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	60	319	\$	5,987.00	\$ 18.77	15.950	\$ 99.78	\$ 299.35
VISITS - DIAGNOSTIC	41	245		1,717.00	7.01	12.250	41.88	85.85
ORAL SURGERY	3	8		270.00	33.75	.400	90.00	13.50
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	7	9		1,328.00	147.56	.450	189.71	66.40
RESTORATIVE DENTISTRY	16	39		2,492.00	63.90	1.950	155.75	124.60
PROSTHETICS	1	1		30.00	30.00	.050	30.00	1.50
DENTURES, STAYPLATES	1	3		.00	.00	.150	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.050	50.00	2.50
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	9		100.00	11.11	.450	16.67	5.00
ALL OTHER SERVICES	3	4		.00	.00	.200	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,150	
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	
YOLO COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37							

	20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000	.00	.00
EYE APPLIANCES	0		0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	2	10	\$	7,039.66	\$	703.97	\$	3519.83
HOSP INPATIENT TOTAL	1	6		6,948.00		1158.00		6948.00
HSC HOSPITALS	1	6		6,948.00		1158.00		6948.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.000		.00
ACCOMMODATIONS	0	0		.00		.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	0	0		.00		.000		.00
ANCILLARIES	0	0		.00		.000		.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00
HOSP OUTPATIENT TOTAL	2	4		91.66		22.92		45.83
MEDICAL	0	0		3.30		.00		.00
SURGERY	0	0		.65		.00		.00
PATHOLOGY	0	0		.00		.000		.00
RADIOLOGY	1	1		24.61		24.61		24.61
ROOM USE	1	1		32.86		32.86		32.86
CROSSOVERS/ALL OTH OUTPTNT	1	2		30.24		15.12		30.24
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000		.00
HSC HOSPITALS	0	0		.00		.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000		.00
ACCOMMODATIONS	0	0		.00		.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	0	0		.00		.000		.00
ANCILLARIES	0	0		.00		.000		.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000		.00
MEDICAL	0	0		.00		.000		.00
SURGERY	0	0		.00		.000		.00
PATHOLOGY	0	0		.00		.000		.00
RADIOLOGY	0	0		.00		.000		.00
ROOM USE	0	0		.00		.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

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01/17/03

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2	10	\$ 7,039.66	\$ 703.97	.500	\$ 3519.83	\$ 351.98	
COMM HOSP INPATIENT TOTAL	1	6	6,948.00	1158.00	.300	6948.00	347.40	
HSC HOSPITALS	1	6	6,948.00	1158.00	.300	6948.00	347.40	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4		91.66	22.92	.200	45.83	4.58
MEDICAL	0	0		3.30	.00	.000	.00	.17
SURGERY	0	0		.65	.00	.000	.00	.03
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		24.61	24.61	.050	24.61	1.23
ROOM USE	1	1		32.86	32.86	.050	32.86	1.64
CROSSOVERS/ALL OTH OUTPTNT	1	2		30.24	15.12	.100	30.24	1.51
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	1,383.56	\$ 172.95	.400	\$ 230.59	\$ 69.18
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	8		1,383.56	172.95	.400	230.59	69.18

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,152  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR    32 MN - SOC - FAMILIES AID CODE 5R 6R 37

	20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	25	\$	238.47	\$ 9.54	1.250	\$ 19.87	\$ 11.92
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00



ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	111.84	11.18	.500	22.37	5.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	15	126.63	8.44	.750	18.09	6.33
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	34	\$ 8,401.98	\$ 247.12	1.700	\$ 4200.99	\$ 420.10
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,153
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC	

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	246	1,157	\$ 106,571.16	\$ 92.11	46.280	\$ 433.22	\$ 4262.85
@PHYSICIANS SERVICES	7	63	\$ 2,186.49	\$ 34.71	2.520	\$ 312.36	\$ 87.46
OUTPATIENT VISITS	1	1	28.39	28.39	.040	28.39	1.14
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	42.99CR	.00	.000	.00	1.72CR
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	71.38	71.38	.040	71.38	2.86
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	53	1,788.30	33.74	2.120	894.15	71.53
PRINCIPAL SURGEON	2	2	972.64	486.32	.080	486.32	38.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	51	815.66	15.99	2.040	407.83	32.63
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		169.23		.00	.000	.00	6.77	
PSYCHIATRY	0	0		.00		.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	5	9		200.57		22.29	.360	40.11	8.02	
@PHARMACY	99	241	\$	64,766.14	\$	268.74	9.640	\$ 654.20	\$ 2590.65	
PRESCRIPTION DRUGS	99	241		64,766.14		268.74	9.640	654.20	2590.65	
SNF/ICF	9	22		3,070.95		139.59	.880	341.22	122.84	
OUTPATIENTS	91	219		61,695.19		281.71	8.760	677.97	2467.81	
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00	
@DENTIST	114	576	\$	17,290.55	\$	30.02	23.040	\$ 151.67	\$ 691.62	
VISITS - DIAGNOSTIC	72	373		3,316.00		8.89	14.920	46.06	132.64	
ORAL SURGERY	10	64		2,142.00		33.47	2.560	214.20	85.68	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	.00	
PERIODONTICS	5	5		1,000.00		200.00	.200	200.00	40.00	
ENDODONTICS	8	10		1,543.00		154.30	.400	192.88	61.72	
RESTORATIVE DENTISTRY	31	77		6,232.00		80.94	3.080	201.03	249.28	
PROSTHETICS	2	2		60.00		30.00	.080	30.00	2.40	
DENTURES, STAYPLATES	9	21		2,847.55		135.60	.840	316.39	113.90	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.040	50.00	2.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	11	19		100.00		5.26	.760	9.09	4.00	
ALL OTHER SERVICES	3	4		.00		.00	.160	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 17,154
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC									

	25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	7	\$	153.67	\$ 21.95	.280	\$ 76.84	\$ 6.15
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.040	47.45	1.90

EYE APPLIANCES	2	6		106.22	17.70	.240	53.11	4.25
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	4	16	\$	7,779.94	\$ 486.25	.640	\$ 1944.99	\$ 311.20
HOSP INPATIENT TOTAL	2	11		7,550.88	686.44	.440	3775.44	302.04
HSC HOSPITALS	1	6		6,948.00	1158.00	.240	6948.00	277.92
NON-HSC HOSPITAL TOTAL	0	0		103.60	.00	.000	.00	4.14
ACCOMMODATIONS	0	0		100.59	.00	.000	.00	4.02
ADMINISTRATIVE DAYS	0	0		100.59	.00	.000	.00	4.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		3.01	.00	.000	.00	.12
INPATIENT CROSSOVERS	1	5		499.28	99.86	.200	499.28	19.97
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5		229.06	45.81	.200	76.35	9.16
MEDICAL	0	0		3.30	.00	.000	.00	.13
SURGERY	0	0		.65	.00	.000	.00	.03
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		160.18	160.18	.040	160.18	6.41
ROOM USE	1	1		32.86	32.86	.040	32.86	1.31
CROSSOVERS/ALL OTH OUTPTNT	2	3		32.07	10.69	.120	16.04	1.28
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,155  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

----- MONTHLY AVERAGE -----  
25 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	16	\$	7,779.94	\$ 486.25	.640	\$ 1944.99	\$ 311.20
COMM HOSP INPATIENT TOTAL	2	11		7,550.88	686.44	.440	3775.44	302.04
HSC HOSPITALS	1	6		6,948.00	1158.00	.240	6948.00	277.92
NON-HSC HOSPITALS TOTAL	0	0		103.60	.00	.000	.00	4.14
ACCOMMODATIONS	0	0		100.59	.00	.000	.00	4.02
ADMINISTRATIVE DAYS	0	0		100.59	.00	.000	.00	4.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		3.01	.00	.000	.00	.12
INPATIENT CROSSOVERS	1	5		499.28	99.86	.200	499.28	19.97
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	5		229.06	45.81	.200	76.35	9.16
MEDICAL	0	0		3.30	.00	.000	.00	.13
SURGERY	0	0		.65	.00	.000	.00	.03
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		160.18	160.18	.040	160.18	6.41
ROOM USE	1	1		32.86	32.86	.040	32.86	1.31
CROSSOVERS/ALL OTH OUTPTNT	2	3		32.07	10.69	.120	16.04	1.28
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	16.15	\$ .00	.000	\$ .00	\$ .65
PATHOLOGY	0	0		16.15	.00	.000	.00	.65
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	14	\$	2,587.56	\$ 184.83	.560	\$ 258.76	\$ 103.50
CLINIC	0	0		21.00	.00	.000	.00	.84
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	10	14		2,566.56	183.33	.560	256.66	102.66
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002				PAGE 17,156
MOP024				FEE-FOR-SERVICE/DENTAL				01/17/03
YOLO COUNTY				SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC				

	25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	38		240	\$ 11,790.66	\$ 49.13	9.600	\$ 310.28	\$ 471.63
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	26	167.65	6.45	1.040	83.83	6.71
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	16	151.60	9.48	.640	151.60	6.06
OTHER SERVICES	1	10	16.05	1.61	.400	16.05	.64
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	13	165	11,129.24	67.45	6.600	856.10	445.17
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	25	286.47	11.46	1.000	22.04	11.46
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	21	181.59	8.65	.840	22.70	7.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3	25.71	8.57	.120	12.86	1.03
@CALIF. CHILDREN SERVICES*	2	34	\$ 8,411.68	\$ 247.40	1.360	\$ 4205.84	\$ 336.47
@XOVER EXCLUDING STATE HOSP**	7	16	\$ 580.69	\$ 36.29	.640	\$ 82.96	\$ 23.23

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,157  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED      AID CODE

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	872	4,768	\$ 441,717.49	\$ 92.64	62.737	\$ 506.56	\$ 5812.07
@PHYSICIANS SERVICES	19	45	\$ 420.80	\$ 9.35	.592	\$ 22.15	\$ 5.54
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	4	89.80	22.45	.053	89.80	1.18
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	4	89.80	22.45	.053	89.80	1.18
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	18	41		331.00	8.07	.539	18.39	4.36
@PHARMACY	636	1,480	\$	163,391.70	\$ 110.40	19.474	\$ 256.91	\$ 2149.89
PRESCRIPTION DRUGS	635	1,478		163,349.38	110.52	19.447	257.24	2149.33
SNF/ICF	441	1,195		114,718.69	96.00	15.724	260.13	1509.46
OUTPATIENTS	201	283		48,630.69	171.84	3.724	241.94	639.88
MEDICAL SUPPLIES	2	2		42.32	21.16	.026	21.16	.56
@DENTIST	224	584	\$	19,195.61	\$ 32.87	7.684	\$ 85.69	\$ 252.57
VISITS - DIAGNOSTIC	198	468		8,499.25	18.16	6.158	42.93	111.83
ORAL SURGERY	13	39		1,747.00	44.79	.513	134.38	22.99
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		400.00	200.00	.026	200.00	5.26
ENDODONTICS	1	3		645.00	215.00	.039	645.00	8.49
RESTORATIVE DENTISTRY	11	26		1,344.00	51.69	.342	122.18	17.68
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	27	46		6,560.36	142.62	.605	242.98	86.32
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
YOLO COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	9	20	\$ 380.77	\$ 19.04	.263	\$ 42.31	\$ 5.01	
DIAGNOSTIC AND ANC. PROCED	3	3	130.49	43.50	.039	43.50	1.72	
EYE APPLIANCES	7	17	250.28	14.72	.224	35.75	3.29	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	15	15	\$ 213.23	\$ 14.22	.197	\$ 14.22	\$ 2.81	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	15	15	213.23	14.22	.197	14.22	2.81	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
@TOTAL HOSPITAL	4	26	\$ 3,355.17	\$ 129.05	.342	\$ 838.79	\$ 44.15	
HOSP INPATIENT TOTAL	4	26	3,228.00	124.15	.342	807.00	42.47	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	26	3,228.00	124.15	.342	807.00	42.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	127.17	.00	.000	.00	1.67
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	127.17	.00	.000	.00	1.67
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	4	26	\$ 3,355.17	\$ 129.05	.342	\$	838.79	\$ 44.15
COMM HOSP INPATIENT TOTAL	4	26	3,228.00	124.15	.342		807.00	42.47
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSTOVERS	4	26	3,228.00	124.15	.342		807.00	42.47
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	127.17	.00	.000		.00	1.67
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	127.17	.00	.000		.00	1.67
@STATE HOSPITAL	3	49	\$ 17,998.98	\$ 367.33	.645	\$	5999.66	\$ 236.83
MENTALLY ILL	2	38	10,334.19	271.95	.500		5167.10	135.98
DEVELOP. DISABLED	1	11	7,664.79	696.80	.145		7664.79	100.85
@NURSING FACILITY	66	1,993	\$ 229,136.34	\$ 114.97	26.224	\$	3471.76	\$ 3014.95
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	19	580	57,523.23	99.18	7.632		3027.54	756.88
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	47	1,413	171,613.11	121.45	18.592		3651.34	2258.07
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$ 173.96	\$ 86.98	.026	\$	173.96	\$ 2.29
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	1	2	173.96	86.98	.026		173.96	2.29



76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	68	554	\$ 7,450.93	\$ 13.45	7.289	\$ 109.57	\$ 98.04
DURABLE MED. EQUIP.	2	39	4,541.64	116.45	.513	2270.82	59.76
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	267	692.14	2.59	3.513	62.92	9.11
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	8	73	287.78	3.94	.961	35.97	3.79
OTHER SERVICES	5	194	404.36	2.08	2.553	80.87	5.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	31	63	792.45	12.58	.829	25.56	10.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	18.85	4.71	.053	9.43	.25
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	52.52	26.26	.026	26.26	.69
SPEECH AND AUDIOLOGY	2	2	66.06	33.03	.026	33.03	.87
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	177	1,287.27	7.27	2.329	67.75	16.94
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	60	332	\$ 5,998.40	\$ 18.07	4.368	\$ 99.97	\$ 78.93

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024 FEE-FOR-SERVICE/DENTAL  
YOLO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	43	\$ 1,782.07	\$ 41.44	.000	\$ 297.01	\$ .00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	3	3	\$	488.07	\$ 162.69	.000	\$ 162.69	\$ .00
PRESCRIPTION DRUGS	3	3		488.07	162.69	.000	162.69	.00
SNF/ICF	3	3		488.07	162.69	.000	162.69	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	3	40	\$	1,294.00	\$ 32.35	.000	\$ 431.33	\$ .00
VISITS - DIAGNOSTIC	3	34		370.00	10.88	.000	123.33	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	4		800.00	200.00	.000	400.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		124.00	62.00	.000	124.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,163  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,164  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,165  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED      AID CODE

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	324	1,568	\$ 184,895.68	\$ 117.92	130.667	\$ 570.67	\$ 15407.97
@PHYSICIANS SERVICES	5	5	\$ 122.91	\$ 24.58	.417	\$ 24.58	\$ 10.24
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	1		37.23	37.23	.083	37.23	3.10
HOSPITAL VISITS	0	0		8.00	.00	.000	.00	.67
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1		29.23	29.23	.083	29.23	2.44
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		28.74	28.74	.083	28.74	2.40
PRINCIPAL SURGEON	1	1		28.74	28.74	.083	28.74	2.40
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		8.90	.00	.000	.00	.74
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3		48.04	16.01	.250	16.01	4.00
@PHARMACY	232	508	\$	67,271.47	\$ 132.42	42.333	\$ 289.96	\$ 5605.96
PRESCRIPTION DRUGS	232	508		67,271.47	132.42	42.333	289.96	5605.96
SNF/ICF	152	392		50,670.28	129.26	32.667	333.36	4222.52
OUTPATIENTS	80	116		16,601.19	143.11	9.667	207.51	1383.43
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	93	409	\$	15,047.93	\$ 36.79	34.083	\$ 161.81	\$ 1253.99
VISITS - DIAGNOSTIC	82	318		4,535.93	14.26	26.500	55.32	377.99
ORAL SURGERY	7	50		2,515.00	50.30	4.167	359.29	209.58
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.083	100.00	8.33
PERIODONTICS	11	19		3,800.00	200.00	1.583	345.45	316.67
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	9		557.00	61.89	.750	111.40	46.42
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	12		3,540.00	295.00	1.000	590.00	295.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 17,166
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED							
	AID CODE							

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	40.95	13.65	.250	13.65	3.41
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	2	14	\$ 2,288.81	\$ 163.49	1.167	\$ 1144.41	\$ 190.73
HOSP INPATIENT TOTAL	2	14	2,268.04	162.00	1.167	1134.02	189.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	128.26CR	.00	.000	.00	10.69CR
ACCOMMODATIONS	0	0	128.26CR	.00	.000	.00	10.69CR
ADMINISTRATIVE DAYS	0	0	128.26CR	.00	.000	.00	10.69CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	14	2,396.30	171.16	1.167	1198.15	199.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	20.77	.00	.000	.00	1.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	20.77	.00	.000	.00	1.73
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

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12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	2	14	\$ 2,288.81	\$ 163.49	1.167	\$ 1144.41	\$ 190.73
COMM HOSP INPATIENT TOTAL	2	14	2,268.04	162.00	1.167	1134.02	189.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	128.26CR	.00	.000	.00	10.69CR
ACCOMMODATIONS	0	0	128.26CR	.00	.000	.00	10.69CR

ADMINISTRATIVE DAYS	0	0	128.26CR	.00	.000	.00	10.69CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	14	2,396.30	171.16	1.167	1198.15	199.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	20.77	.00	.000	.00	1.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	20.77	.00	.000	.00	1.73
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	12	0	\$ 51,822.44	\$ .00	.000	\$ 4318.54	\$ 4318.54
MENTALLY ILL	12	0	51,822.44	.00	.000	4318.54	4318.54
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	15	557	\$ 47,359.90	\$ 85.03	46.417	\$ 3157.33	\$ 3946.66
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	3	214	19,201.02	89.72	17.833	6400.34	1600.09
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	343	28,158.88	82.10	28.583	2346.57	2346.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ 59.60	\$ .00	.000	\$ .00	\$ 4.97
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	59.60	.00	.000	.00	4.97

#CALIF DEPT OF HEALTH SERV  
MOP024  
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

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						AID CODE		----- MONTHLY AVERAGE -----	
12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	26	62	\$ 698.61	\$ 11.27	5.167	\$ 26.87	\$ 58.22		
DURABLE MED. EQUIP.	1	3	13.13	4.38	.250	13.13	1.09		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	1	11	30.65	2.79	.917	30.65	2.55		
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00		
OTHER TRANS	1	11	30.65	2.79	.917	30.65	2.55		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		



ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	24	284.64	11.86	2.000	23.72	23.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	18.98	18.98	.083	18.98	1.58
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	3	43.07	14.36	.250	21.54	3.59
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	20	308.14	15.41	1.667	34.24	25.68
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	18	26	\$ 1,607.59	\$ 61.83	2.167	\$ 89.31	\$ 133.97

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,169  
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YOLO COUNTY      SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES      DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES      DISCONTIN

----- MONTHLY AVERAGE -----  
00 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
YOLO COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
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SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

PAGE 17,172  
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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$ .00	.00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,173
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YOLO COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG	

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,202	6,379	\$ 628,395.24	\$ 98.51	72.489	\$ 522.79	\$ 7140.86	
@PHYSICIANS SERVICES	24	50	\$ 543.71	\$ 10.87	.568	\$ 22.65	\$ 6.18	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	2	5	127.03	25.41	.057	63.52	1.44	
HOSPITAL VISITS	0	0	8.00	.00	.000	.00	.09	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	2	5	119.03	23.81	.057	59.52	1.35	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	

OUTPATIENT SURGERY	1	1		28.74	28.74	.011	28.74	.33
PRINCIPAL SURGEON	1	1		28.74	28.74	.011	28.74	.33
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		8.90	.00	.000	.00	.10
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	44		379.04	8.61	.500	18.05	4.31
@PHARMACY	871	1,991	\$	231,151.24	\$ 116.10	22.625	\$ 265.39	\$ 2626.72
PRESCRIPTION DRUGS	870	1,989		231,108.92	116.19	22.602	265.64	2626.24
SNF/ICF	596	1,590		165,877.04	104.33	18.068	278.32	1884.97
OUTPATIENTS	281	399		65,231.88	163.49	4.534	232.14	741.27
MEDICAL SUPPLIES	2	2		42.32	21.16	.023	21.16	.48
@DENTIST	320	1,033	\$	35,537.54	\$ 34.40	11.739	\$ 111.05	\$ 403.84
VISITS - DIAGNOSTIC	283	820		13,405.18	16.35	9.318	47.37	152.33
ORAL SURGERY	20	89		4,262.00	47.89	1.011	213.10	48.43
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.011	100.00	1.14
PERIODONTICS	15	25		5,000.00	200.00	.284	333.33	56.82
ENDODONTICS	1	3		645.00	215.00	.034	645.00	7.33
RESTORATIVE DENTISTRY	17	37		2,025.00	54.73	.420	119.12	23.01
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	33	58		10,100.36	174.14	.659	306.07	114.78
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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## YOLO COUNTY

## SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	13	30	\$ 563.83	\$ 18.79	.341	\$ 43.37	\$ 6.41
DIAGNOSTIC AND ANC. PROCED	4	4	154.22	38.56	.045	38.56	1.75
EYE APPLIANCES	10	26	409.61	15.75	.295	40.96	4.65
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	18	18	\$ 254.18	\$ 14.12	.205	\$ 14.12	\$ 2.89
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	18	18	254.18	14.12	.205	14.12	2.89
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	6	40	\$ 5,643.98	\$ 141.10	.455	\$ 940.66	\$ 64.14
HOSP INPATIENT TOTAL	6	40	5,496.04	137.40	.455	916.01	62.46
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	128.26CR	.00	.000	.00	1.46CR
ACCOMMODATIONS	0	0	128.26CR	.00	.000	.00	1.46CR
ADMINISTRATIVE DAYS	0	0	128.26CR	.00	.000	.00	1.46CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	40	5,624.30	140.61	.455	937.38	63.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	147.94	.00	.000	.00	1.68
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	20.77	.00	.000	.00	.24
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	127.17	.00	.000	.00	1.45
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	40	\$ 5,643.98	\$ 141.10	.455	\$ 940.66	\$ 64.14
COMM HOSP INPATIENT TOTAL	6	40	5,496.04	137.40	.455	916.01	62.46
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	128.26CR	.00	.000	.00	1.46CR
ACCOMMODATIONS	0	0	128.26CR	.00	.000	.00	1.46CR
ADMINISTRATIVE DAYS	0	0	128.26CR	.00	.000	.00	1.46CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	6	40	5,624.30	140.61	.455	937.38	63.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	147.94	.00	.000	.00	1.68
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	20.77	.00	.000	.00	.24
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	127.17	.00	.000	.00	1.45
@STATE HOSPITAL	15	49	\$ 69,821.42	\$ 1424.93	.557	\$ 4654.76	\$ 793.43
MENTALLY ILL	14	38	62,156.63	1635.70	.432	4439.76	706.33
DEVELOP. DISABLED	1	11	7,664.79	696.80	.125	7664.79	87.10
@NURSING FACILITY	81	2,550	\$ 276,496.24	\$ 108.43	28.977	\$ 3413.53	\$ 3142.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	22	794	76,724.25	96.63	9.023	3487.47	871.87
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	59	1,756	199,771.99	113.77	19.955	3385.97	2270.14
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$ 233.56	\$ 116.78	.023	\$ 233.56	\$ 2.65
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	2	233.56	116.78	.023	233.56	2.65
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YOLO COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG						



88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	94	616	\$ 8,149.54	\$ 13.23	7.000	\$ 86.70	\$ 92.61
DURABLE MED. EQUIP.	3	42	4,554.77	108.45	.477	1518.26	51.76
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	278	722.79	2.60	3.159	60.23	8.21
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	9	84	318.43	3.79	.955	35.38	3.62
OTHER SERVICES	5	194	404.36	2.08	2.205	80.87	4.60
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	43	87	1,077.09	12.38	.989	25.05	12.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	18.85	4.71	.045	9.43	.21
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	3	71.50	23.83	.034	23.83	.81
SPEECH AND AUDIOLOGY	2	2	66.06	33.03	.023	33.03	.75
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	3	43.07	14.36	.034	21.54	.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	197	1,595.41	8.10	2.239	56.98	18.13
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	78	358	\$ 7,605.99	\$ 21.25	4.068	\$ 97.51	\$ 86.43

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024 FEE-FOR-SERVICE/DENTAL  
YOLO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,437	7,135	\$ 700,593.04	\$ 98.19	54.885	\$ 487.54	\$ 5389.18
@PHYSICIANS SERVICES	26	57	\$ 967.79	\$ 16.98	.438	\$ 37.22	\$ 7.44
OUTPATIENT VISITS	3	4	218.62	54.66	.031	72.87	1.68
OFFICE VISITS	1	1	61.78	61.78	.008	61.78	.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	156.84	52.28	.023	78.42	1.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	4	95.85	23.96	.031	95.85	.74
HOSPITAL VISITS	0	0	4.47	.00	.000	.00	.03
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	4	91.38	22.85	.031	91.38	.70
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		83.77	.00	.000	.00	.64
PRINCIPAL SURGEON	0	0		83.77	.00	.000	.00	.64
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		59.16	59.16	.008	59.16	.46
PRINCIPAL SURGEON	1	1		59.16	59.16	.008	59.16	.46
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		29.93	29.93	.008	29.93	.23
RADIOLOGY	0	0		9.71	.00	.000	.00	.07
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	47		470.75	10.02	.362	21.40	3.62
@PHARMACY	716	1,597	\$	177,612.45	\$ 111.22	12.285	\$ 248.06	\$ 1366.25
PRESCRIPTION DRUGS	715	1,595		177,570.13	111.33	12.269	248.35	1365.92
SNF/ICF	450	1,205		115,865.44	96.15	9.269	257.48	891.27
OUTPATIENTS	272	390		61,704.69	158.22	3.000	226.86	474.65
MEDICAL SUPPLIES	2	2		42.32	21.16	.015	21.16	.33
@DENTIST	575	2,099	\$	104,274.91	\$ 49.68	16.146	\$ 181.35	\$ 802.11
VISITS - DIAGNOSTIC	392	1,319		19,288.25	14.62	10.146	49.20	148.37
ORAL SURGERY	74	284		12,852.00	45.25	2.185	173.68	98.86
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	39	40		6,900.00	172.50	.308	176.92	53.08
ENDODONTICS	22	34		7,800.00	229.41	.262	354.55	60.00
RESTORATIVE DENTISTRY	99	239		23,955.00	100.23	1.838	241.97	184.27
PROSTHETICS	3	6		250.00	41.67	.046	83.33	1.92
DENTURES, STAYPLATES	80	174		33,229.66	190.98	1.338	415.37	255.61
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	3		.00	.00	.023	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR    39 MEDICALLY NEEDY - AGED

130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	43	\$ 916.16	\$ 21.31	.331	\$ 57.26	\$ 7.05
DIAGNOSTIC AND ANC. PROCED	8	8	367.74	45.97	.062	45.97	2.83
EYE APPLIANCES	13	35	548.42	15.67	.269	42.19	4.22
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	15	15	\$ 213.23	\$ 14.22	.115	\$ 14.22	\$ 1.64
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	15	15	213.23	14.22	.115	14.22	1.64
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	32	\$	3,577.79	\$	111.81	.246	\$	447.22	\$	27.52
HOSP INPATIENT TOTAL	4	26		3,228.00		124.15	.200		807.00		24.83
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	26		3,228.00		124.15	.200		807.00		24.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	6		349.79		58.30	.046		87.45		2.69
MEDICAL	0	0		61.72		.00	.000		.00		.47
SURGERY	1	1		19.24		19.24	.008		19.24		.15
PATHOLOGY	0	0		21.22		.00	.000		.00		.16
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		89.90		44.95	.015		44.95		.69
CROSSOVERS/ALL OTH OUTPTNT	3	3		157.71		52.57	.023		52.57		1.21
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	32	\$ 3,577.79	\$ 111.81	.246	\$ 447.22	\$ 27.52
COMM HOSP INPATIENT TOTAL	4	26	3,228.00	124.15	.200	807.00	24.83
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	26	3,228.00	124.15	.200	807.00	24.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	6	349.79	58.30	.046	87.45	2.69
MEDICAL	0	0	61.72	.00	.000	.00	.47
SURGERY	1	1	19.24	19.24	.008	19.24	.15
PATHOLOGY	0	0	21.22	.00	.000	.00	.16
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	89.90	44.95	.015	44.95	.69
CROSSOVERS/ALL OTH OUTPTNT	3	3	157.71	52.57	.023	52.57	1.21
@STATE HOSPITAL	9	314	\$ 158,476.63	\$ 504.70	2.415	\$ 17608.51	\$ 1219.05
MENTALLY ILL	8	303	150,811.84	497.73	2.331	18851.48	1160.09
DEVELOP. DISABLED	1	11	7,664.79	696.80	.085	7664.79	58.96
@NURSING FACILITY	66	1,993	\$ 229,136.34	\$ 114.97	15.331	\$ 3471.76	\$ 1762.59
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	19	580	57,523.23	99.18	4.462	3027.54	442.49
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	47	1,413	171,613.11	121.45	10.869	3651.34	1320.10
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	5	\$ 63.91	\$ 12.78	.038	\$ 63.91	\$ .49
PATHOLOGY	1	5	63.91	12.78	.038	63.91	.49
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	18	\$ 2,138.54	\$ 118.81	.138	\$ 178.21	\$ 16.45
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	18	2,138.54	118.81	.138	178.21	16.45

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YOLO COUNTY      SUMMARY OF SERVICES FOR    39 MEDICALLY NEEDY - AGED

130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	196	962	\$ 23,215.29	\$ 24.13	7.400	\$ 118.45	\$ 178.58
DURABLE MED. EQUIP.	2	39	4,541.64	116.45	.300	2270.82	34.94
BLOOD BANK	0	0	38.00	.00	.000	.00	.29
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	267	692.14	2.59	2.054	62.92	5.32
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	8	73	287.78	3.94	.562	35.97	2.21
OTHER SERVICES	5	194	404.36	2.08	1.492	80.87	3.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	11	156	10,591.12	67.89	1.200	962.83	81.47
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	11	1,211.23	110.11	.085	302.81	9.32
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	137	287	3,623.87	12.63	2.208	26.45	27.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	18.85	4.71	.031	9.43	.15
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	52.52	26.26	.015	26.26	.40
SPEECH AND AUDIOLOGY	2	2	66.06	33.03	.015	33.03	.51
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	194	2,379.86	12.27	1.492	91.53	18.31
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	70	352	\$ 7,130.32	\$ 20.26	2.708	\$ 101.86	\$ 54.85

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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YOLO COUNTY      SUMMARY OF SERVICES FOR    40 MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17	80	\$ 2,624.98	\$ 32.81	.000	\$ 154.41	\$ .00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	3	3	\$ 488.07	\$ 162.69	.000	\$ 162.69	\$ .00
PRESCRIPTION DRUGS	3	3	488.07	162.69	.000	162.69	.00
SNF/ICF	3	3	488.07	162.69	.000	162.69	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	11	66	\$ 1,982.00	\$ 30.03	.000	\$ 180.18	\$ .00
VISITS - DIAGNOSTIC	10	57	658.00	11.54	.000	65.80	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	7	1,200.00	171.43	.000	300.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	124.00	62.00	.000	124.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

PAGE 17,182

01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 27.75	\$ 9.25	.000	\$ 27.75	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	27.75	9.25	.000	27.75	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00



INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	8	\$ 127.16	\$ 15.90	.000	\$ 63.58	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	8	127.16	15.90	.000	63.58	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,185
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YOLO COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED	

75 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,408	12,072	\$ 655,929.08	\$ 54.33	160.960	\$ 465.86	\$ 8745.72
@PHYSICIANS SERVICES	31	146	\$ 4,678.59	\$ 32.05	1.947	\$ 150.92	\$ 62.38

OUTPATIENT VISITS	7	11		487.33		44.30	.147	69.62	6.50
OFFICE VISITS	2	3		183.30		61.10	.040	91.65	2.44
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	3	3		167.04		55.68	.040	55.68	2.23
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	4	5		136.99		27.40	.067	34.25	1.83
INPATIENT VISITS	5	17		973.38		57.26	.227	194.68	12.98
HOSPITAL VISITS	3	12		457.75		38.15	.160	152.58	6.10
CRITICAL CARE	2	4		486.40		121.60	.053	243.20	6.49
SNF/ICF/TRANS IP CARE	1	1		29.23		29.23	.013	29.23	.39
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	58		1,663.33		28.68	.773	332.67	22.18
PRINCIPAL SURGEON	3	3		767.67		255.89	.040	255.89	10.24
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	3	55		895.66		16.28	.733	298.55	11.94
OUTPATIENT SURGERY	2	2		67.28		33.64	.027	33.64	.90
PRINCIPAL SURGEON	2	2		67.28		33.64	.027	33.64	.90
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	2	3		58.55		19.52	.040	29.28	.78
RADIOLOGY	7	35		1,087.53		31.07	.467	155.36	14.50
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	20		341.19		17.06	.267	24.37	4.55
@PHARMACY	748	1,722	\$	337,361.84	\$	195.91	22.960	\$ 451.02	\$ 4498.16
PRESCRIPTION DRUGS	746	1,719		336,963.45		196.02	22.920	451.69	4492.85
SNF/ICF	168	459		58,664.83		127.81	6.120	349.20	782.20
OUTPATIENTS	579	1,260		278,298.62		220.87	16.800	480.65	3710.65
MEDICAL SUPPLIES	3	3		398.39		132.80	.040	132.80	5.31
@DENTIST	479	2,167	\$	110,521.39	\$	51.00	28.893	\$ 230.73	\$ 1473.62
VISITS - DIAGNOSTIC	317	1,370		17,681.47		12.91	18.267	55.78	235.75
ORAL SURGERY	56	232		10,554.00		45.49	3.093	188.46	140.72
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	3	3		115.00		38.33	.040	38.33	1.53
PERIODONTICS	46	54		10,655.00		197.31	.720	231.63	142.07
ENDODONTICS	34	46		11,123.00		241.80	.613	327.15	148.31
RESTORATIVE DENTISTRY	121	322		39,264.50		121.94	4.293	324.50	523.53
PROSTHETICS	2	2		60.00		30.00	.027	30.00	.80
DENTURES, STAYPLATES	50	128		21,068.42		164.60	1.707	421.37	280.91
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	5	10		.00		.00	.133	.00	.00
ALL OTHER SERVICES	1	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 17,186
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YOLO COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED								

	75 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	25	\$	505.47	\$ 20.22	.333	\$ 56.16	\$ 6.74
DIAGNOSTIC AND ANC. PROCED	4	4		154.22	38.56	.053	38.56	2.06

EYE APPLIANCES	7	21		351.25	16.73	.280	50.18	4.68
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$	40.95	\$ 13.65	.040	\$ 13.65	\$ .55
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	3	3		40.95	13.65	.040	13.65	.55
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	20	134	\$	20,006.52	\$ 149.30	1.787	\$ 1000.33	\$ 266.75
HOSP INPATIENT TOTAL	11	87		18,660.79	214.49	1.160	1696.44	248.81
HSC HOSPITALS	1	8		12,680.00	1585.00	.107	12680.00	169.07
NON-HSC HOSPITAL TOTAL	0	0		432.15CR	.00	.000	.00	5.76CR
ACCOMMODATIONS	0	0		435.16CR	.00	.000	.00	5.80CR
ADMINISTRATIVE DAYS	0	0		510.67CR	.00	.000	.00	6.81CR
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00	1.01
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		3.01	.00	.000	.00	.04
INPATIENT CROSSOVERS	10	79		6,412.94	81.18	1.053	641.29	85.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	47		1,345.73	28.63	.627	149.53	17.94
MEDICAL	1	0		151.49	.00	.000	151.49	2.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	17		151.63	8.92	.227	50.54	2.02
RADIOLOGY	2	3		391.71	130.57	.040	195.86	5.22
ROOM USE	4	6		219.90	36.65	.080	54.98	2.93
CROSSOVERS/ALL OTH OUTPTNT	4	21		431.00	20.52	.280	107.75	5.75
@COUNTY HOSPITAL TOTAL	0	0	\$	184.68CR	\$ .00	.000	\$ .00	\$ 2.46CR
CO HOSPITAL INPATIENT TOTAL	0	0		184.68CR	.00	.000	.00	2.46CR
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		184.68CR	.00	.000	.00	2.46CR
ACCOMMODATIONS	0	0		184.68CR	.00	.000	.00	2.46CR
ADMINISTRATIVE DAYS	0	0		184.68CR	.00	.000	.00	2.46CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

----- MONTHLY AVERAGE -----  
75 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20	134	\$	20,191.20	\$ 150.68	1.787	\$ 1009.56	\$ 269.22
COMM HOSP INPATIENT TOTAL	11	87		18,845.47	216.61	1.160	1713.22	251.27
HSC HOSPITALS	1	8		12,680.00	1585.00	.107	12680.00	169.07
NON-HSC HOSPITALS TOTAL	0	0		247.47CR	.00	.000	.00	3.30CR
ACCOMMODATIONS	0	0		250.48CR	.00	.000	.00	3.34CR
ADMINISTRATIVE DAYS	0	0		325.99CR	.00	.000	.00	4.35CR
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00	1.01
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		3.01	.00	.000	.00	.04
INPATIENT CROSSOVERS	10	79		6,412.94	81.18	1.053	641.29	85.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	47		1,345.73	28.63	.627	149.53	17.94
MEDICAL	1	0		151.49	.00	.000	151.49	2.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	17		151.63	8.92	.227	50.54	2.02
RADIOLOGY	2	3		391.71	130.57	.040	195.86	5.22
ROOM USE	4	6		219.90	36.65	.080	54.98	2.93
CROSSOVERS/ALL OTH OUTPTNT	4	21		431.00	20.52	.280	107.75	5.75
@STATE HOSPITAL	12	0	\$	51,822.44	\$ .00	.000	\$ 4318.54	\$ 690.97
MENTALLY ILL	12	0		51,822.44	.00	.000	4318.54	690.97
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	19	658	\$	59,040.46	\$ 89.73	8.773	\$ 3107.39	\$ 787.21
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	3	214		19,201.02	89.72	2.853	6400.34	256.01
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	16	444		39,839.44	89.73	5.920	2489.97	531.19
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	7	\$	114.41	\$ 16.34	.093	\$ 38.14	\$ 1.53
PATHOLOGY	3	7		114.41	16.34	.093	38.14	1.53
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	14	\$	1,976.32	\$ 141.17	.187	\$ 164.69	\$ 26.35
CLINIC	2	2		128.64	64.32	.027	64.32	1.72
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	10	12		1,847.68	153.97	.160	184.77	24.64
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002				PAGE 17,188
MOP024				FEE-FOR-SERVICE/DENTAL				01/17/03
YOLO COUNTY				SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED				

	75 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	271		7,196	\$ 69,860.69	\$ 9.71	95.947	\$ 257.79	\$ 931.48
DURABLE MED. EQUIP.	4		21	107.15	5.10	.280	26.79	1.43
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	60	253.19	4.22	.800	63.30	3.38
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	3	50	237.14	4.74	.667	79.05	3.16
OTHER SERVICES	1	10	16.05	1.61	.133	16.05	.21
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	29	432	28,970.75	67.06	5.760	998.99	386.28
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	23	406	12,834.68	31.61	5.413	558.03	171.13
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	113	238	2,902.86	12.20	3.173	25.69	38.70
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.027	45.98	.61
PROSTHETICS	1	2	45.98	22.99	.027	45.98	.61
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	65.42	32.71	.027	32.71	.87
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	85	6,015	24,337.98	4.05	80.200	286.33	324.51
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	20	342.68	17.13	.267	34.27	4.57
@CALIF. CHILDREN SERVICES*	2	15	\$ 9.70	\$ .65	.200	\$ 4.85	\$ .13
@XOVER EXCLUDING STATE HOSP**	39	61	\$ 6,201.78	\$ 101.67	.813	\$ 159.02	\$ 82.69

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
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## YOLO COUNTY

## SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

21,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,901	67,064	\$ 3,076,078.01	\$ 45.87	3.184	\$ 221.28	\$ 146.02
@PHYSICIANS SERVICES	928	2,638	\$ 156,154.34	\$ 59.19	.125	\$ 168.27	\$ 7.41
OUTPATIENT VISITS	345	622	25,441.80	40.90	.030	73.74	1.21
OFFICE VISITS	50	57	3,554.08	62.35	.003	71.08	.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	222	253	13,522.32	53.45	.012	60.91	.64
PREVENTIVE CARE	0	0	3.00CR	.00	.000	.00	.00
OB VISITS/COMPRE PERI	43	263	6,635.24	25.23	.012	154.31	.31
OTHER OUTPATIENT	38	49	1,733.16	35.37	.002	45.61	.08
INPATIENT VISITS	84	315	23,231.55	73.75	.015	276.57	1.10
HOSPITAL VISITS	71	173	8,078.50	46.70	.008	113.78	.38
CRITICAL CARE	20	142	15,153.05	106.71	.007	757.65	.72
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	152.97	30.59	.000	30.59	.01
EXAMINATIONS	4	4	152.97	38.24	.000	38.24	.01
SERVICES AND MATERIALS	1	1	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	132	658	67,544.62	102.65	.031	511.70	3.21
PRINCIPAL SURGEON	64	92	48,195.97	523.87	.004	753.06	2.29
ASSISTANT SURGEON	17	17	3,091.22	181.84	.001	181.84	.15
ANESTHESIOLOGIST	73	549	16,257.43	29.61	.026	222.70	.77
OUTPATIENT SURGERY	58	119	6,935.32	58.28	.006	119.57	.33
PRINCIPAL SURGEON	45	55	4,975.90	90.47	.003	110.58	.24
ASSISTANT SURGEON	1	1	62.62	62.62	.000	62.62	.00
ANESTHESIOLOGIST	15	63	1,896.80	30.11	.003	126.45	.09
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	102	151	3,456.34	22.89	.007	33.89	.16
RADIOLOGY	394	637	23,443.96	36.80	.030	59.50	1.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	12	783.35	65.28	.001	65.28	.04
OTHER SERVICES/ALL X-OVERS	73	119	5,164.43	43.40	.006	70.75	.25
@PHARMACY	935	1,655	\$ 79,928.25	\$ 48.30	.079	\$ 85.48	\$ 3.79
PRESCRIPTION DRUGS	908	1,505	69,021.37	45.86	.071	76.01	3.28
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	908	1,505	69,021.37	45.86	.071	76.01	3.28
MEDICAL SUPPLIES	66	150	10,906.88	72.71	.007	165.26	.52
@DENTIST	6,711	32,709	\$ 1,170,950.76	\$ 35.80	1.553	\$ 174.48	\$ 55.58
VISITS - DIAGNOSTIC	4,519	21,972	287,170.04	13.07	1.043	63.55	13.63
ORAL SURGERY	759	1,355	68,118.15	50.27	.064	89.75	3.23
DRUGS	50	57	940.00	16.49	.003	18.80	.04
ANESTHESIA	5	5	300.00	60.00	.000	60.00	.01
PERIODONTICS	352	371	62,335.00	168.02	.018	177.09	2.96
ENDODONTICS	629	1,101	185,235.50	168.24	.052	294.49	8.79
RESTORATIVE DENTISTRY	2,620	7,170	515,398.65	71.88	.340	196.72	24.47
PROSTHETICS	43	48	1,100.00	22.92	.002	25.58	.05
DENTURES, STAYPLATES	99	346	32,080.68	92.72	.016	324.05	1.52
SPACE MAINTAINERS	48	69	5,892.74	85.40	.003	122.77	.28
MAXILLOFACIAL SERVICES	7	7	400.00	57.14	.000	57.14	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	108	174	11,680.00	67.13	.008	108.15	.55
ALL OTHER SERVICES	24	34	300.00	8.82	.002	12.50	.01

## YOLO COUNTY

## SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

21,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	26	65	\$ 1,264.14	\$ 19.45	.003	\$ 48.62	\$ .06
DIAGNOSTIC AND ANC. PROCED	9	9	427.05	47.45	.000	47.45	.02
EYE APPLIANCES	24	55	823.61	14.97	.003	34.32	.04
OTHER OPTOMETRIC SERVICES	1	1	13.48	13.48	.000	13.48	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	49	54	\$ 3,637.13	\$ 67.35	.003	\$ 74.23	\$ .17
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,233	8,943	\$ 1,129,980.84	\$ 126.35	.425	\$ 916.45	\$ 53.64
HOSP INPATIENT TOTAL	212	818	927,138.80	1133.42	.039	4373.30	44.01
HSC HOSPITALS	111	421	485,181.50	1152.45	.020	4371.00	23.03
NON-HSC HOSPITAL TOTAL	103	393	440,674.93	1121.31	.019	4278.40	20.92
ACCOMMODATIONS	103	393	148,826.93	378.69	.019	1444.92	7.06
ADMINISTRATIVE DAYS	1	8	1,677.42	209.68	.000	1677.42	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	102	385	147,149.51	382.21	.018	1442.64	6.99
ANCILLARIES	103	0	291,848.00	.00	.000	2833.48	13.85
INPATIENT CROSSOVERS	2	4	1,282.37	320.59	.000	641.19	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,123	8,125	202,842.04	24.97	.386	180.63	9.63
MEDICAL	107	125	4,430.45	35.44	.006	41.41	.21
SURGERY	68	81	3,501.88	43.23	.004	51.50	.17
PATHOLOGY	392	1,309	14,861.70	11.35	.062	37.91	.71
RADIOLOGY	194	244	14,673.53	60.14	.012	75.64	.70
ROOM USE	826	1,514	47,698.07	31.50	.072	57.75	2.26
CROSSOVERS/ALL OTH OUTPTNT	796	4,852	117,676.41	24.25	.230	147.83	5.59
@COUNTY HOSPITAL TOTAL	4	9	\$ 6,425.91	\$ 713.99	.000	\$ 1606.48	\$ .31
CO HOSPITAL INPATIENT TOTAL	2	5	6,296.02	1259.20	.000	3148.01	.30
HSC HOSPITALS	2	5	6,296.02	1259.20	.000	3148.01	.30
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	129.89	32.47	.000	64.95	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.04	6.04	.000	6.04	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.52	35.52	.000	35.52	.00

21,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,229	8,934	\$ 1,123,554.93	\$ 125.76	.424	\$ 914.20	\$ 53.33
COMM HOSP INPATIENT TOTAL	210	813	920,842.78	1132.65	.039	4384.97	43.71
HSC HOSPITALS	109	416	478,885.48	1151.17	.020	4393.44	22.73
NON-HSC HOSPITALS TOTAL	103	393	440,674.93	1121.31	.019	4278.40	20.92
ACCOMMODATIONS	103	393	148,826.93	378.69	.019	1444.92	7.06
ADMINISTRATIVE DAYS	1	8	1,677.42	209.68	.000	1677.42	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	102	385	147,149.51	382.21	.018	1442.64	6.99
ANCILLARIES	103	0	291,848.00	.00	.000	2833.48	13.85
INPATIENT CROSSOVERS	2	4	1,282.37	320.59	.000	641.19	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,121	8,121	202,712.15	24.96	.386	180.83	9.62
MEDICAL	107	125	4,430.45	35.44	.006	41.41	.21
SURGERY	68	81	3,501.88	43.23	.004	51.50	.17
PATHOLOGY	391	1,308	14,855.66	11.36	.062	37.99	.71
RADIOLOGY	194	244	14,673.53	60.14	.012	75.64	.70
ROOM USE	825	1,513	47,662.55	31.50	.072	57.77	2.26
CROSSOVERS/ALL OTH OUTPTNT	794	4,850	117,588.08	24.24	.230	148.10	5.58
@STATE HOSPITAL	11	355	\$ 185,334.41	\$ 522.07	.017	\$ 16848.58	\$ 8.80
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	11	355	185,334.41	522.07	.017	16848.58	8.80
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	6	18	\$ 508.21	\$ 28.23	.001	\$ 84.70	\$ .02
HOSPITAL BASED	1	2	136.00	68.00	.000	136.00	.01
INDEPENDENT FACILITY	5	16	372.21	23.26	.001	74.44	.02
@LABORATORY FACILITY	552	1,299	\$ 19,670.40	\$ 15.14	.062	\$ 35.63	\$ .93
PATHOLOGY	552	1,299	19,670.40	15.14	.062	35.63	.93
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	715	2,360	\$ 145,801.87	\$ 61.78	.112	\$ 203.92	\$ 6.92
CLINIC	349	1,848	97,007.30	52.49	.088	277.96	4.60
SURGICENTER	4	27	648.70	24.03	.001	162.18	.03
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	362	485	48,145.87	99.27	.023	133.00	2.29
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YOLO COUNTY	SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES						



21,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,801	16,968	\$ 182,847.66	\$ 10.78	.805	\$ 38.09	\$ 8.68
DURABLE MED. EQUIP.	1	5CR	699.80CR	139.96	.000	699.80CR	.03CR
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	39	474	6,127.86	12.93	.023	157.12	.29
AMBULANCES/AIR TRANS	39	474	6,127.86	12.93	.023	157.12	.29
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	252	254	20,758.00	81.72	.012	82.37	.99
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	819	1,710	16,465.47	9.63	.081	20.10	.78
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	8	946.90	118.36	.000	315.63	.04
PROSTHETICS	2	7	858.21	122.60	.000	429.11	.04
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	2	2	75.92	37.96	.000	37.96	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,724	14,525	139,173.31	9.58	.689	37.37	6.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	47	261	\$ 166,421.19	\$ 637.63	.012	\$ 3540.88	\$ 7.90
@XOVER EXCLUDING STATE HOSP**	5	4	\$ 1,358.31	\$ 339.58	.000	\$ 271.66	\$ .06

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024 FEE-FOR-SERVICE/DENTAL  
YOLO COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

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21,271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16,763	86,351	\$ 4,435,225.11	\$ 51.36	4.060	\$ 264.58	\$ 208.51
@PHYSICIANS SERVICES	985	2,841	\$ 161,800.72	\$ 56.95	.134	\$ 164.26	\$ 7.61
OUTPATIENT VISITS	355	637	26,147.75	41.05	.030	73.66	1.23
OFFICE VISITS	53	61	3,799.16	62.28	.003	71.68	.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	227	259	13,846.20	53.46	.012	61.00	.65
PREVENTIVE CARE	0	0	3.00CR	.00	.000	.00	.00
OB VISITS/COMPRI PERI	43	263	6,635.24	25.23	.012	154.31	.31
OTHER OUTPATIENT	42	54	1,870.15	34.63	.003	44.53	.09
INPATIENT VISITS	90	336	24,300.78	72.32	.016	270.01	1.14
HOSPITAL VISITS	74	185	8,540.72	46.17	.009	115.42	.40
CRITICAL CARE	22	146	15,639.45	107.12	.007	710.88	.74
SNF/ICF/TRANS IP CARE	2	5	120.61	24.12	.000	60.31	.01
OPHTHALMOLOGICAL SERVICES	5	5	152.97	30.59	.000	30.59	.01

EXAMINATIONS	4	4	152.97	38.24	.000	38.24	.01
SERVICES AND MATERIALS	1	1	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	137	716	69,291.72	96.78	.034	505.78	3.26
PRINCIPAL SURGEON	67	95	49,047.41	516.29	.004	732.05	2.31
ASSISTANT SURGEON	17	17	3,091.22	181.84	.001	181.84	.15
ANESTHESIOLOGIST	76	604	17,153.09	28.40	.028	225.70	.81
OUTPATIENT SURGERY	61	122	7,061.76	57.88	.006	115.77	.33
PRINCIPAL SURGEON	48	58	5,102.34	87.97	.003	106.30	.24
ASSISTANT SURGEON	1	1	62.62	62.62	.000	62.62	.00
ANESTHESIOLOGIST	15	63	1,896.80	30.11	.003	126.45	.09
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	105	155	3,544.82	22.87	.007	33.76	.17
RADIOLOGY	401	672	24,541.20	36.52	.032	61.20	1.15
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	12	783.35	65.28	.001	65.28	.04
OTHER SERVICES/ALL X-OVERS	109	186	5,976.37	32.13	.009	54.83	.28
@PHARMACY	2,402	4,977	\$ 595,390.61	\$ 119.63	.234	\$ 247.87	\$ 27.99
PRESCRIPTION DRUGS	2,372	4,822	584,043.02	121.12	.227	246.22	27.46
SNF/ICF	621	1,667	175,018.34	104.99	.078	281.83	8.23
OUTPATIENTS	1,759	3,155	409,024.68	129.64	.148	232.53	19.23
MEDICAL SUPPLIES	71	155	11,347.59	73.21	.007	159.83	.53
@DENTIST	7,776	37,041	\$ 1,387,729.06	\$ 37.46	1.741	\$ 178.46	\$ 65.24
VISITS - DIAGNOSTIC	5,238	24,718	324,797.76	13.14	1.162	62.01	15.27
ORAL SURGERY	889	1,871	91,524.15	48.92	.088	102.95	4.30
DRUGS	50	57	940.00	16.49	.003	18.80	.04
ANESTHESIA	8	8	415.00	51.88	.000	51.88	.02
PERIODONTICS	441	472	81,090.00	171.80	.022	183.88	3.81
ENDODONTICS	685	1,181	204,158.50	172.87	.056	298.04	9.60
RESTORATIVE DENTISTRY	2,841	7,733	578,742.15	74.84	.364	203.71	27.21
PROSTHETICS	48	56	1,410.00	25.18	.003	29.38	.07
DENTURES, STAYPLATES	229	648	86,378.76	133.30	.030	377.20	4.06
SPACE MAINTAINERS	48	69	5,892.74	85.40	.003	122.77	.28

MAXILLOFACIAL SERVICES	7	7	400.00	57.14	.000	57.14	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	113	184	11,680.00	63.48	.009	103.36	.55
ALL OTHER SERVICES	26	37	300.00	8.11	.002	11.54	.01

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YOLO COUNTY      SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

21,271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	52	136	\$ 2,713.52	\$ 19.95	.006	\$ 52.18	\$ .13
DIAGNOSTIC AND ANC. PROCED	21	21	949.01	45.19	.001	45.19	.04
EYE APPLIANCES	45	114	1,751.03	15.36	.005	38.91	.08
OTHER OPTOMETRIC SERVICES	1	1	13.48	13.48	.000	13.48	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	18	18	\$ 254.18	\$ 14.12	.001	\$ 14.12	\$ .01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	18	18	254.18	14.12	.001	14.12	.01
@HOME HEALTH AGENCY	49	54	\$ 3,637.13	\$ 67.35	.003	\$ 74.23	\$ .17
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	1,261	9,109	\$ 1,153,565.15	\$ 126.64	.428	\$ 914.80	\$ 54.23
HOSP INPATIENT TOTAL	227	931	949,027.59	1019.36	.044	4180.74	44.62
HSC HOSPITALS	112	429	497,861.50	1160.52	.020	4445.19	23.41
NON-HSC HOSPITAL TOTAL	103	393	440,242.78	1120.21	.018	4274.20	20.70
ACCOMMODATIONS	103	393	148,391.77	377.59	.018	1440.70	6.98
ADMINISTRATIVE DAYS	1	8	1,166.75	145.84	.000	1166.75	.05
TRANSITIONAL IP CARE	0	0	75.51	.00	.000	.00	.00
ALL OTHER ACCOM	102	385	147,149.51	382.21	.018	1442.64	6.92
ANCILLARIES	103	0	291,851.01	.00	.000	2833.50	13.72
INPATIENT CROSSOVERS	16	109	10,923.31	100.21	.005	682.71	.51
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,136	8,178	204,537.56	25.01	.384	180.05	9.62
MEDICAL	108	125	4,643.66	37.15	.006	43.00	.22
SURGERY	69	82	3,521.12	42.94	.004	51.03	.17
PATHOLOGY	395	1,326	15,034.55	11.34	.062	38.06	.71
RADIOLOGY	196	247	15,065.24	60.99	.012	76.86	.71
ROOM USE	832	1,522	48,007.87	31.54	.072	57.70	2.26
CROSSOVERS/ALL OTH OUTPTNT	803	4,876	118,265.12	24.25	.229	147.28	5.56
@COUNTY HOSPITAL TOTAL	4	9	\$ 6,241.23	\$ 693.47	.000	\$ 1560.31	\$ .29
CO HOSPITAL INPATIENT TOTAL	2	5	6,111.34	1222.27	.000	3055.67	.29
HSC HOSPITALS	2	5	6,296.02	1259.20	.000	3148.01	.30
NON-HSC HOSPITALS TOTAL	0	0	184.68CR	.00	.000	.00	.01CR
ACCOMMODATIONS	0	0	184.68CR	.00	.000	.00	.01CR
ADMINISTRATIVE DAYS	0	0	184.68CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	2	4	129.89	32.47	.000	64.95	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.04	6.04	.000	6.04	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.52	35.52	.000	35.52	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	88.33	44.17	.000	44.17	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	21,271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,257		9,100	\$ 1,147,323.92	\$ 126.08	.428	\$ 912.75	\$ 53.94
COMM HOSP INPATIENT TOTAL	225		926	942,916.25	1018.27	.044	4190.74	44.33
HSC HOSPITALS	110		424	491,565.48	1159.35	.020	4468.78	23.11
NON-HSC HOSPITALS TOTAL	103		393	440,427.46	1120.68	.018	4275.99	20.71
ACCOMMODATIONS	103		393	148,576.45	378.06	.018	1442.49	6.98
ADMINISTRATIVE DAYS	1		8	1,351.43	168.93	.000	1351.43	.06
TRANSITIONAL IP CARE	0		0	75.51	.00	.000	.00	.00
ALL OTHER ACCOM	102		385	147,149.51	382.21	.018	1442.64	6.92
ANCILLARIES	103		0	291,851.01	.00	.000	2833.50	13.72
INPATIENT CROSSOVERS	16		109	10,923.31	100.21	.005	682.71	.51
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,134		8,174	204,407.67	25.01	.384	180.25	9.61
MEDICAL	108		125	4,643.66	37.15	.006	43.00	.22
SURGERY	69		82	3,521.12	42.94	.004	51.03	.17
PATHOLOGY	394		1,325	15,028.51	11.34	.062	38.14	.71
RADIOLOGY	196		247	15,065.24	60.99	.012	76.86	.71
ROOM USE	831		1,521	47,972.35	31.54	.072	57.73	2.26
CROSSOVERS/ALL OTH OUTPTNT	801		4,874	118,176.79	24.25	.229	147.54	5.56
@STATE HOSPITAL	32		669	\$ 395,633.48	\$ 591.38	.031	\$ 12363.55	\$ 18.60
MENTALLY ILL	20		303	202,634.28	668.76	.014	10131.71	9.53
DEVELOP. DISABLED	12		366	192,999.20	527.32	.017	16083.27	9.07
@NURSING FACILITY	85		2,651	\$ 288,176.80	\$ 108.70	.125	\$ 3390.32	\$ 13.55
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	22		794	76,724.25	96.63	.037	3487.47	3.61
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	63		1,857	211,452.55	113.87	.087	3356.39	9.94
@INTERMEDIATE CARE FACIL.-DD	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	6		18	\$ 508.21	\$ 28.23	.001	\$ 84.70	\$ .02
HOSPITAL BASED	1		2	136.00	68.00	.000	136.00	.01
INDEPENDENT FACILITY	5		16	372.21	23.26	.001	74.44	.02
@LABORATORY FACILITY	556		1,311	\$ 19,848.72	\$ 15.14	.062	\$ 35.70	\$ .93
PATHOLOGY	556		1,311	19,848.72	15.14	.062	35.70	.93
XO AND OTHERS	0		0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	739		2,392	\$ 149,916.73	\$ 62.67	.112	\$ 202.86	\$ 7.05
CLINIC	351		1,850	97,135.94	52.51	.087	276.74	4.57

SURGICENTER	4	27	648.70	24.03	.001	162.18	.03
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	384	515	52,132.09	101.23	.024	135.76	2.45

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
21,271 ELIGIBLES							
@ALL OTHER PROVIDERS	5,270	25,134	\$ 276,050.80	\$ 10.98	1.182	\$ 52.38	\$ 12.98
DURABLE MED. EQUIP.	7	55	3,948.99	71.80	.003	564.14	.19
BLOOD BANK	0	0	38.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	54	801	7,073.19	8.83	.038	130.99	.33
AMBULANCES/AIR TRANS	39	474	6,127.86	12.93	.022	157.12	.29
OTHER TRANS	11	123	524.92	4.27	.006	47.72	.02
OTHER SERVICES	6	204	420.41	2.06	.010	70.07	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	40	588	39,561.87	67.28	.028	989.05	1.86
GENETIC DISEASE TESTING	252	254	20,758.00	81.72	.012	82.37	.98
IHMC, MODEL-NF, NF, AIDS, MSSP	27	417	14,045.91	33.68	.020	520.22	.66
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,071	2,243	23,119.36	10.31	.105	21.59	1.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	18.85	4.71	.000	9.43	.00
PROSTHETIST/ORTHOTISTS	4	10	992.88	99.29	.000	248.22	.05
PROSTHETICS	3	9	904.19	100.47	.000	301.40	.04
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	6	6	193.86	32.31	.000	32.31	.01
SPEECH AND AUDIOLOGY	2	2	66.06	33.03	.000	33.03	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,809	20,540	163,511.29	7.96	.966	42.93	7.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	214	2,722.54	12.72	.010	75.63	.13
@CALIF. CHILDREN SERVICES*	49	276	\$ 166,430.89	\$ 603.01	.013	\$ 3396.55	\$ 7.82
@XOVER EXCLUDING STATE HOSP**	114	417	\$ 14,690.41	\$ 35.23	.020	\$ 128.86	\$ .69

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,197 01/17/03
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,754 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,115	4,439	\$ 184,765.36	\$ 41.62	2.531	\$ 165.71	\$ 105.34
@PHYSICIANS SERVICES	167	290	\$ 9,853.52	\$ 33.98	.165	\$ 59.00	\$ 5.62
OUTPATIENT VISITS	132	162	5,507.88	34.00	.092	41.73	3.14
OFFICE VISITS	103	123	4,005.63	32.57	.070	38.89	2.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	15	15	585.06	39.00	.009	39.00	.33
PREVENTIVE CARE	1	1	65.78	65.78	.001	65.78	.04
OB VISITS/COMPRE PERI	1	2	186.79	93.40	.001	186.79	.11

OTHER OUTPATIENT	18	21		664.62	31.65	.012	36.92	.38
INPATIENT VISITS	0	0		20.80	.00	.000	.00	.01
HOSPITAL VISITS	0	0		20.80	.00	.000	.00	.01
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4		98.32	24.58	.002	24.58	.06
EXAMINATIONS	2	2		89.78	44.89	.001	44.89	.05
SERVICES AND MATERIALS	2	2		8.54	4.27	.001	4.27	.00
INPATIENT HOSPITAL SURGERY	0	0		186.56	.00	.000	.00	.11
PRINCIPAL SURGEON	0	0		186.56	.00	.000	.00	.11
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	9	19		965.64	50.82	.011	107.29	.55
PRINCIPAL SURGEON	8	9		366.79	40.75	.005	45.85	.21
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	10		598.85	59.89	.006	299.43	.34
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	15	25		126.85	5.07	.014	8.46	.07
RADIOLOGY	25	35		1,501.72	42.91	.020	60.07	.86
PSYCHIATRY	1	1		32.98	32.98	.001	32.98	.02
IMMUNIZATION AND INJECTION	1	1		52.99	52.99	.001	52.99	.03
OTHER SERVICES/ALL X-OVERS	26	43		1,359.78	31.62	.025	52.30	.78
@PHARMACY	398	1,024	\$	78,270.53	\$ 76.44	.584	\$ 196.66	\$ 44.62
PRESCRIPTION DRUGS	395	980		76,751.14	78.32	.559	194.31	43.76
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	395	980		76,751.14	78.32	.559	194.31	43.76
MEDICAL SUPPLIES	13	44		1,519.39	34.53	.025	116.88	.87
@DENTIST	369	1,769	\$	62,280.59	\$ 35.21	1.009	\$ 168.78	\$ 35.51
VISITS - DIAGNOSTIC	254	1,215		17,593.50	14.48	.693	69.27	10.03
ORAL SURGERY	46	81		6,246.00	77.11	.046	135.78	3.56
DRUGS	4	4		75.00	18.75	.002	18.75	.04
ANESTHESIA	2	2		200.00	100.00	.001	100.00	.11
PERIODONTICS	11	11		1,855.00	168.64	.006	168.64	1.06
ENDODONTICS	30	54		10,926.00	202.33	.031	364.20	6.23
RESTORATIVE DENTISTRY	128	380		23,853.00	62.77	.217	186.35	13.60
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	3		431.00	143.67	.002	143.67	.25
MAXILLOFACIAL SERVICES	1	1		126.09	126.09	.001	126.09	.07
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	11	16		945.00	59.06	.009	85.91	.54
ALL OTHER SERVICES	1	1		.00	.00	.001	.00	.00
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YOLO COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							

						----- MONTHLY AVERAGE -----		
1,754 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	10	22	\$ 536.96	\$ 24.41	.013	\$ 53.70	\$ .31	
DIAGNOSTIC AND ANC. PROCED	8	8	344.02	43.00	.005	43.00	.20	
EYE APPLIANCES	5	14	192.94	13.78	.008	38.59	.11	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	1	2	20.90	\$ 10.45	.001	\$ 20.90	\$ .01	
VISITS	1	2	20.90	10.45	.001	20.90	.01	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	74	243	\$	9,011.93	\$	.139	\$	121.78
HOSP INPATIENT TOTAL	1	3		1,575.02	525.01	.002	1575.02	.90
HSC HOSPITALS	1	3		1,575.02	525.01	.002	1575.02	.90
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	73	240		7,436.91	30.99	.137	101.88	4.24
MEDICAL	20	23		1,139.30	49.53	.013	56.97	.65
SURGERY	8	8		441.58	55.20	.005	55.20	.25
PATHOLOGY	32	102		1,001.51	9.82	.058	31.30	.57
RADIOLOGY	17	17		2,021.68	118.92	.010	118.92	1.15
ROOM USE	48	61		2,313.86	37.93	.035	48.21	1.32
CROSSOVERS/ALL OTH OUTPTNT	18	29		518.98	17.90	.017	28.83	.30
@COUNTY HOSPITAL TOTAL	2	5	\$	177.88	\$	.003	\$	88.94
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	177.88	35.58	.003	88.94	.10
MEDICAL	1	1	61.75	61.75	.001	61.75	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	8.39	.00	.000	.00	.00
RADIOLOGY	1	1	24.10	24.10	.001	24.10	.01
ROOM USE	2	2	67.02	33.51	.001	33.51	.04
CROSSOVERS/ALL OTH OUTPTNT	1	1	16.62	16.62	.001	16.62	.01

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YOLO COUNTY      SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

	1,754 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	72	238	\$	8,834.05	\$ 37.12	.136 \$ 122.70 \$ 5.04
COMM HOSP INPATIENT TOTAL	1	3		1,575.02	525.01	.002 1575.02 .90
HSC HOSPITALS	1	3		1,575.02	525.01	.002 1575.02 .90
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0		.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0		.00	.00	.000 .00 .00
ANCILLARIES	0	0		.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0		.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0		.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	71	235		7,259.03	30.89	.134 102.24 4.14
MEDICAL	19	22		1,077.55	48.98	.013 56.71 .61
SURGERY	8	8		441.58	55.20	.005 55.20 .25
PATHOLOGY	32	102		993.12	9.74	.058 31.04 .57
RADIOLOGY	16	16		1,997.58	124.85	.009 124.85 1.14
ROOM USE	46	59		2,246.84	38.08	.034 48.84 1.28
CROSSOVERS/ALL OTH OUTPTNT	17	28		502.36	17.94	.016 29.55 .29
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$ .00 \$ .00
MENTALLY ILL	0	0		.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0		.00	.00	.000 .00 .00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$ .00 \$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0		.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00 .00
LEV B-REGULAR	0	0		.00	.00	.000 .00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000 \$ .00 \$ .00
ICF DDH	0	0		.00	.00	.000 .00 .00
ICF DD	0	0		.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0		.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000 \$ .00 \$ .00
HOSPITAL BASED	0	0		.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0		.00	.00	.000 .00 .00
@REHABILITATION FACILITY	4	7	\$	373.89	\$ 53.41	.004 \$ 93.47 \$ .21
HOSPITAL BASED	4	7		373.89	53.41	.004 93.47 .21



INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	22	58	\$	724.19	\$	12.49	.033	\$ 32.92	\$ .41
PATHOLOGY	22	58		724.19		12.49	.033	32.92	.41
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	56	91	\$	8,124.66	\$	89.28	.052	\$ 145.08	\$ 4.63
CLINIC	2	12		215.26		17.94	.007	107.63	.12
SURGICENTER	1	6		231.21		38.54	.003	231.21	.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	53	73		7,678.19		105.18	.042	144.87	4.38

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

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1,754 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	215	933	\$	15,568.19	\$ 16.69	.532	\$ 72.41	\$ 8.88
DURABLE MED. EQUIP.	7	57		3,596.81	63.10	.032	513.83	2.05
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	10		150.15	15.02	.006	150.15	.09
AMBULANCES/AIR TRANS	1	10		150.15	15.02	.006	150.15	.09
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	23		2,138.00	92.96	.013	97.18	1.22
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	55	115		969.56	8.43	.066	17.63	.55
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	9		1,258.23	139.80	.005	629.12	.72
PROSTHETICS	2	9		1,258.23	139.80	.005	629.12	.72
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	127	716		7,041.44	9.83	.408	55.44	4.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3		414.00	138.00	.002	138.00	.24
@CALIF. CHILDREN SERVICES*	35	146	\$	18,087.90	\$ 123.89	.083	\$ 516.80	\$ 10.31
@XOVER EXCLUDING STATE HOSP**	4	6	\$	417.07	\$ 69.51	.003	\$ 104.27	\$ .24

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 45 MIC - SOC

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05 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	35	132	\$	8,498.24	\$ 64.38	26.400	\$ 242.81	\$ 1699.65
@PHYSICIANS SERVICES	3	11	\$	503.58	\$ 45.78	2.200	\$ 167.86	\$ 100.72

OUTPATIENT VISITS	3	3	202.54	67.51	.600	67.51	40.51
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	175.37	87.69	.400	87.69	35.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	27.17	27.17	.200	27.17	5.43
INPATIENT VISITS	1	2	94.19	47.10	.400	94.19	18.84
HOSPITAL VISITS	1	2	94.19	47.10	.400	94.19	18.84
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	6	204.15	34.03	1.200	204.15	40.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	2.70	.00	.000	.00	.54
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	29	114	\$ 5,645.00	\$ 49.52	22.800	\$ 194.66	\$ 1129.00
VISITS - DIAGNOSTIC	23	50	160.00	3.20	10.000	6.96	32.00
ORAL SURGERY	2	2	.00	.00	.400	.00	.00
DRUGS	1	1	.00	.00	.200	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	7	1,652.00	236.00	1.400	826.00	330.40
RESTORATIVE DENTISTRY	10	50	3,833.00	76.66	10.000	383.30	766.60
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4	.00	.00	.800	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,202
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EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	2	4	\$ 2,308.05	\$ 577.01	.800	\$ 1154.03	\$ 461.61
HOSP INPATIENT TOTAL	1	2	2,226.00	1113.00	.400	2226.00	445.20
HSC HOSPITALS	1	2	2,226.00	1113.00	.400	2226.00	445.20
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	2	82.05	41.03	.400	82.05	16.41
MEDICAL	0	0	3.30	.00	.000	.00	.66
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	65.89	65.89	.200	65.89	13.18
ROOM USE	1	1	3.66	3.66	.200	3.66	.73
CROSSOVERS/ALL OTH OUTPTNT	0	0	9.20	.00	.000	.00	1.84
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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----- MONTHLY AVERAGE -----  
05 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4	\$	2,308.05	\$ 577.01	.800	\$ 1154.03	\$ 461.61
COMM HOSP INPATIENT TOTAL	1	2		2,226.00	1113.00	.400	2226.00	445.20
HSC HOSPITALS	1	2		2,226.00	1113.00	.400	2226.00	445.20
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	2		82.05	41.03	.400	82.05	16.41
MEDICAL	0	0		3.30	.00	.000	.00	.66
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		65.89	65.89	.200	65.89	13.18
ROOM USE	1	1		3.66	3.66	.200	3.66	.73
CROSSOVERS/ALL OTH OUTPTNT	0	0		9.20	.00	.000	.00	1.84
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	24.97	\$	24.97	.200	\$ 24.97	\$ 4.99
PATHOLOGY	1	1		24.97		24.97	.200	24.97	4.99
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 45 MIC - SOC

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05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 16.64	\$ 8.32	.400	\$ 16.64	\$ 3.33
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.400	16.64	3.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	12	\$ 2,654.34	\$ 221.20	2.400	\$ 884.78	\$ 530.87
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

PAGE 17,205 01/17/03

## YOLO COUNTY

## SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

	1,759 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,150	4,571	\$	193,263.60	\$ 42.28	2.599	\$ 168.06	\$ 109.87
@PHYSICIANS SERVICES	170	301	\$	10,357.10	\$ 34.41	.171	\$ 60.92	\$ 5.89
OUTPATIENT VISITS	135	165		5,710.42	34.61	.094	42.30	3.25
OFFICE VISITS	103	123		4,005.63	32.57	.070	38.89	2.28
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	17	17		760.43	44.73	.010	44.73	.43
PREVENTIVE CARE	1	1		65.78	65.78	.001	65.78	.04
OB VISITS/COMPRE PERI	1	2		186.79	93.40	.001	186.79	.11
OTHER OUTPATIENT	19	22		691.79	31.45	.013	36.41	.39
INPATIENT VISITS	1	2		114.99	57.50	.001	114.99	.07
HOSPITAL VISITS	1	2		114.99	57.50	.001	114.99	.07
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4		98.32	24.58	.002	24.58	.06
EXAMINATIONS	2	2		89.78	44.89	.001	44.89	.05
SERVICES AND MATERIALS	2	2		8.54	4.27	.001	4.27	.00
INPATIENT HOSPITAL SURGERY	0	0		186.56	.00	.000	.00	.11
PRINCIPAL SURGEON	0	0		186.56	.00	.000	.00	.11
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	9	19		965.64	50.82	.011	107.29	.55
PRINCIPAL SURGEON	8	9		366.79	40.75	.005	45.85	.21
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	10		598.85	59.89	.006	299.43	.34
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	15	25		126.85	5.07	.014	8.46	.07
RADIOLOGY	26	41		1,705.87	41.61	.023	65.61	.97
PSYCHIATRY	1	1		32.98	32.98	.001	32.98	.02
IMMUNIZATION AND INJECTION	1	1		52.99	52.99	.001	52.99	.03
OTHER SERVICES/ALL X-OVERS	26	43		1,362.48	31.69	.024	52.40	.77
@PHARMACY	398	1,024	\$	78,270.53	\$ 76.44	.582	\$ 196.66	\$ 44.50
PRESCRIPTION DRUGS	395	980		76,751.14	78.32	.557	194.31	43.63
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	395	980		76,751.14	78.32	.557	194.31	43.63
MEDICAL SUPPLIES	13	44		1,519.39	34.53	.025	116.88	.86
@DENTIST	398	1,883	\$	67,925.59	\$ 36.07	1.070	\$ 170.67	\$ 38.62
VISITS - DIAGNOSTIC	277	1,265		17,753.50	14.03	.719	64.09	10.09
ORAL SURGERY	48	83		6,246.00	75.25	.047	130.13	3.55
DRUGS	5	5		75.00	15.00	.003	15.00	.04
ANESTHESIA	2	2		200.00	100.00	.001	100.00	.11
PERIODONTICS	11	11		1,855.00	168.64	.006	168.64	1.05
ENDODONTICS	32	61		12,578.00	206.20	.035	393.06	7.15
RESTORATIVE DENTISTRY	138	430		27,686.00	64.39	.244	200.62	15.74
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	3		431.00	143.67	.002	143.67	.25
MAXILLOFACIAL SERVICES	1	1		126.09	126.09	.001	126.09	.07
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	11	16		945.00	59.06	.009	85.91	.54
ALL OTHER SERVICES	3	5		.00	.00	.003	.00	.00

## YOLO COUNTY

## SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

1,759 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	10	22	\$ 536.96	\$ 24.41	.013	\$	53.70	\$ .31
DIAGNOSTIC AND ANC. PROCED	8	8	344.02	43.00	.005		43.00	.20
EYE APPLIANCES	5	14	192.94	13.78	.008		38.59	.11
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	1	2	\$ 20.90	\$ 10.45	.001	\$	20.90	\$ .01
VISITS	1	2	20.90	10.45	.001		20.90	.01
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	.00	.00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	76	247	\$ 11,319.98	\$ 45.83	.140	\$	148.95	\$ 6.44
HOSP INPATIENT TOTAL	2	5	3,801.02	760.20	.003		1900.51	2.16
HSC HOSPITALS	2	5	3,801.02	760.20	.003		1900.51	2.16
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	74	242	7,518.96	31.07	.138		101.61	4.27
MEDICAL	20	23	1,142.60	49.68	.013		57.13	.65
SURGERY	8	8	441.58	55.20	.005		55.20	.25
PATHOLOGY	32	102	1,001.51	9.82	.058		31.30	.57
RADIOLOGY	18	18	2,087.57	115.98	.010		115.98	1.19
ROOM USE	49	62	2,317.52	37.38	.035		47.30	1.32
CROSSOVERS/ALL OTH OUTPTNT	18	29	528.18	18.21	.016		29.34	.30
@COUNTY HOSPITAL TOTAL	2	5	\$ 177.88	\$ 35.58	.003	\$	88.94	\$ .10
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	177.88	35.58	.003		88.94	.10
MEDICAL	1	1	61.75	61.75	.001		61.75	.04
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	8.39	.00	.000		.00	.00
RADIOLOGY	1	1	24.10	24.10	.001		24.10	.01
ROOM USE	2	2	67.02	33.51	.001		33.51	.04

1,759 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	74	242	\$ 11,142.10	\$ 46.04	.138	\$ 150.57	\$ 6.33	
COMM HOSP INPATIENT TOTAL	2	5	3,801.02	760.20	.003	1900.51	2.16	
HSC HOSPITALS	2	5	3,801.02	760.20	.003	1900.51	2.16	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	72	237	7,341.08	30.98	.135	101.96	4.17	
MEDICAL	19	22	1,080.85	49.13	.013	56.89	.61	
SURGERY	8	8	441.58	55.20	.005	55.20	.25	
PATHOLOGY	32	102	993.12	9.74	.058	31.04	.56	
RADIOLOGY	17	17	2,063.47	121.38	.010	121.38	1.17	
ROOM USE	47	60	2,250.50	37.51	.034	47.88	1.28	
CROSSTOVERS/ALL OTH OUTPTNT	17	28	511.56	18.27	.016	30.09	.29	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	4	7	\$ 373.89	\$ 53.41	.004	\$ 93.47	\$ .21	
HOSPITAL BASED	4	7	373.89	53.41	.004	93.47	.21	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	23	59	\$ 749.16	\$ 12.70	.034	\$ 32.57	\$ .43	
PATHOLOGY	23	59	749.16	12.70	.034	32.57	.43	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	56	91	\$ 8,124.66	\$ 89.28	.052	\$ 145.08	\$ 4.62	
CLINIC	2	12	215.26	17.94	.007	107.63	.12	
SURGICENTER	1	6	231.21	38.54	.003	231.21	.13	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	53	73	7,678.19	105.18	.042	144.87	4.37	



1,759 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	216	935	\$ 15,584.83	\$ 16.67	.532	\$ 72.15	\$ 8.86
DURABLE MED. EQUIP.	7	57	3,596.81	63.10	.032	513.83	2.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	10	150.15	15.02	.006	150.15	.09
AMBULANCES/AIR TRANS	1	10	150.15	15.02	.006	150.15	.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	23	2,138.00	92.96	.013	97.18	1.22
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	56	117	986.20	8.43	.067	17.61	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	9	1,258.23	139.80	.005	629.12	.72
PROSTHETICS	2	9	1,258.23	139.80	.005	629.12	.72
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	127	716	7,041.44	9.83	.407	55.44	4.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3	414.00	138.00	.002	138.00	.24
@CALIF. CHILDREN SERVICES*	38	158	\$ 20,742.24	\$ 131.28	.090	\$ 545.85	\$ 11.79

@XOVER EXCLUDING STATE HOSP\*\* 4 6 \$ 417.07 \$ 69.51 .003 \$ 104.27 \$ .24

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,209  
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
 YOLO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,210  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,211  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,212  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,213
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT	AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	68	120	\$ 6,156.52	\$ 51.30	.000	\$ 90.54	\$ .00
@PHYSICIANS SERVICES	10	15	\$ 409.88	\$ 27.33	.000	\$ 40.99	\$ .00
OUTPATIENT VISITS	0	0	6.96	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	6.96	.00	.000	.00	.00
INPATIENT VISITS	0	0	.40CR	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.40CR	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	10	15	384.34	25.62	.000	38.43	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	18.98	.00	.000	.00	.00
@PHARMACY	1	3	\$ 190.39	\$ 63.46	.000	\$ 190.39	\$ .00
PRESCRIPTION DRUGS	1	3	190.39	63.46	.000	190.39	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	3	190.39	63.46	.000	190.39	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	14	42	\$ 1,767.00	\$ 42.07	.000	\$ 126.21	\$ .00
VISITS - DIAGNOSTIC	9	23	434.00	18.87	.000	48.22	.00
ORAL SURGERY	2	5	239.00	47.80	.000	119.50	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.00
ENDODONTICS	2	2	331.00	165.50	.000	165.50	.00
RESTORATIVE DENTISTRY	4	10	538.00	53.80	.000	134.50	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	25.00	25.00	.000	25.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,214 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03 YOLO COUNTY      SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT      AID CODE							
----- MONTHLY AVERAGE -----							
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.000	\$ 90.30	\$ .00
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.00
EYE APPLIANCES	1	3	42.85	14.28	.000	42.85	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	10	10	\$ 935.34	\$ 93.53	.000	\$ 93.53	\$ .00
HOSP INPATIENT TOTAL	1	1	510.00	510.00	.000	510.00	.00
HSC HOSPITALS	1	1	510.00	510.00	.000	510.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	9	425.34	47.26	.000	47.26	.00
MEDICAL	0	0	3.30	.00	.000	.00	.00
SURGERY	0	1CR	9.49CR	9.49	.000	.00	.00
PATHOLOGY	1	1	13.53	13.53	.000	13.53	.00
RADIOLOGY	5	7	226.68	32.38	.000	45.34	.00
ROOM USE	0	1CR	17.69	17.69CR	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	173.63	57.88	.000	57.88	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,215  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	10	\$ 935.34	\$ 93.53	.000 \$ 93.53	\$ .00
COMM HOSP INPATIENT TOTAL	1	1	510.00	510.00	.000 510.00	.00
HSC HOSPITALS	1	1	510.00	510.00	.000 510.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00	.00
ACCOMMODATIONS	0	0	.00	.00	.000 .00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00	.00
ANCILLARIES	0	0	.00	.00	.000 .00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	.00
COMM HOSP OUTPATIENT TOTAL	9	9	425.34	47.26	.000 47.26	.00
MEDICAL	0	0	3.30	.00	.000 .00	.00
SURGERY	0	1CR	9.49CR	9.49	.000 .00	.00
PATHOLOGY	1	1	13.53	13.53	.000 13.53	.00
RADIOLOGY	5	7	226.68	32.38	.000 45.34	.00
ROOM USE	0	1CR	17.69	17.69CR	.000 .00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	173.63	57.88	.000 57.88	.00
@STATE HOSPITAL	0	0	.00	.00	.000 \$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000 .00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00	.00
@NURSING FACILITY	0	0	.00	.00	.000 \$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00	.00
LEV B-REHAB MD	0	0	.00	.00	.000 .00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	.00
LEV B-REGULAR	0	0	.00	.00	.000 .00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000 \$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000 .00	.00
ICF DD	0	0	.00	.00	.000 .00	.00
ICF DDN/DDCN	0	0	.00	.00	.000 .00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000 \$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000 .00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000 \$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000 .00	.00



INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	15.20	\$ 15.20	.000	\$ 15.20	\$ .00
PATHOLOGY	1	1		15.20	15.20	.000	15.20	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	427.57	\$ 85.51	.000	\$ 142.52	\$ .00
CLINIC	0	0		7.25	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	5		420.32	84.06	.000	140.11	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT

AID CODE

----- MONTHLY AVERAGE -----

PAGE 17,216 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	40	\$ 2,320.84	\$ 58.02	.000	\$ 70.33	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	27	28	2,221.00	79.32	.000	82.26	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	99.84	8.32	.000	16.64	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,217 01/17/03
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	68	120	\$ 6,156.52	\$ 51.30	.000	\$ 90.54	\$ .00
@PHYSICIANS SERVICES	10	15	\$ 409.88	\$ 27.33	.000	\$ 40.99	\$ .00

OUTPATIENT VISITS	0	0	6.96	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	6.96	.00	.000	.00	.00
INPATIENT VISITS	0	0	.40CR	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.40CR	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	10	15	384.34	25.62	.000	38.43	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	18.98	.00	.000	.00	.00
@PHARMACY	1	3	\$ 190.39	\$ 63.46	.000	\$ 190.39	\$ .00
PRESCRIPTION DRUGS	1	3	190.39	63.46	.000	190.39	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	3	190.39	63.46	.000	190.39	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	14	42	\$ 1,767.00	\$ 42.07	.000	\$ 126.21	\$ .00
VISITS - DIAGNOSTIC	9	23	434.00	18.87	.000	48.22	.00
ORAL SURGERY	2	5	239.00	47.80	.000	119.50	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.00
ENDODONTICS	2	2	331.00	165.50	.000	165.50	.00
RESTORATIVE DENTISTRY	4	10	538.00	53.80	.000	134.50	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	25.00	25.00	.000	25.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,218  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.000	\$ 90.30	\$ .00
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.00

EYE APPLIANCES	1	3		42.85	14.28	.000	42.85	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	10	10	\$	935.34	\$	.000	\$	93.53
HOSP INPATIENT TOTAL	1	1		510.00	510.00	.000	510.00	.00
HSC HOSPITALS	1	1		510.00	510.00	.000	510.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	9		425.34	47.26	.000	47.26	.00
MEDICAL	0	0		3.30	.00	.000	.00	.00
SURGERY	0	1CR		9.49CR	9.49	.000	.00	.00
PATHOLOGY	1	1		13.53	13.53	.000	13.53	.00
RADIOLOGY	5	7		226.68	32.38	.000	45.34	.00
ROOM USE	0	1CR		17.69	17.69CR	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	3	3	173.63	57.88	.000	57.88	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,219  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	10	\$ 935.34	\$ 93.53	.000	\$ 93.53	\$ .00
COMM HOSP INPATIENT TOTAL	1	1	510.00	510.00	.000	510.00	.00
HSC HOSPITALS	1	1	510.00	510.00	.000	510.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	9	425.34	47.26	.000	47.26	.00
MEDICAL	0	0	3.30	.00	.000	.00	.00
SURGERY	0	1CR	9.49CR	9.49	.000	.00	.00
PATHOLOGY	1	1	13.53	13.53	.000	13.53	.00
RADIOLOGY	5	7	226.68	32.38	.000	45.34	.00
ROOM USE	0	1CR	17.69	17.69CR	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	3	3	173.63	57.88	.000	57.88	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	15.20	\$	15.20	.000	\$ 15.20	\$ .00
PATHOLOGY	1	1		15.20		15.20	.000	15.20	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	427.57	\$	85.51	.000	\$ 142.52	\$ .00
CLINIC	0	0		7.25		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	3	5		420.32		84.06	.000	140.11	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

PAGE 17,220  
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	40	\$ 2,320.84	\$ 58.02	.000	\$ 70.33	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	27	28	2,221.00	79.32	.000	82.26	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	99.84	8.32	.000	16.64	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

## YOLO COUNTY

## SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

## AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	2	\$ 50.00	\$ 25.00	.000	\$ 25.00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	2	\$ 50.00	\$ 25.00	.000	\$ 25.00	\$ .00
VISITS - DIAGNOSTIC	2	2	50.00	25.00	.000	25.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

## YOLO COUNTY

## SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

## AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 17,224
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC								

						AID CODE		----- MONTHLY AVERAGE -----	
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	0	0	\$	.00	.00	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00	.00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,225  
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
 YOLO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	1	\$ 65.32	\$ 65.32	.000	\$ 65.32	\$ .00
@PHYSICIANS SERVICES	0	0	\$ 10.32	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	10.32	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	10.32	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,226  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,227  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,228  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 55.00	\$ 55.00	.000	\$ 55.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.000	55.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 17,229

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

YOLO COUNTY

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3	3	\$ 115.32	\$ 38.44	.000	\$ 38.44	\$ .00
@PHYSICIANS SERVICES	0	0	\$ 10.32	.00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	10.32	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	10.32	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	2	\$ 50.00	\$ 25.00	.000	\$ 25.00	\$ .00
VISITS - DIAGNOSTIC	2	2	50.00	25.00	.000	25.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,230  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,231  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00



INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,232  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 55.00	\$ 55.00	.000	\$ 55.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.000	55.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,233
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 53 FOR FUTURE USE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

PAGE 17,234  
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,235  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	
CLINIC	0	0		.00		.00	.000	.00	.00	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 17,236
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 53 FOR FUTURE USE									

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

## YOLO COUNTY

## SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	71	123	\$ 6,271.84	\$ 50.99	.000	\$ 88.34	\$ .00
@PHYSICIANS SERVICES	10	15	\$ 420.20	\$ 28.01	.000	\$ 42.02	\$ .00
OUTPATIENT VISITS	0	0	17.28	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	17.28	.00	.000	.00	.00
INPATIENT VISITS	0	0	.40CR	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.40CR	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	10	15	384.34	25.62	.000	38.43	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	18.98	.00	.000	.00	.00
@PHARMACY	1	3	\$ 190.39	\$ 63.46	.000	\$ 190.39	\$ .00
PRESCRIPTION DRUGS	1	3	190.39	63.46	.000	190.39	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	3	190.39	63.46	.000	190.39	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	16	44	\$ 1,817.00	\$ 41.30	.000	\$ 113.56	\$ .00
VISITS - DIAGNOSTIC	11	25	484.00	19.36	.000	44.00	.00
ORAL SURGERY	2	5	239.00	47.80	.000	119.50	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.00
ENDODONTICS	2	2	331.00	165.50	.000	165.50	.00
RESTORATIVE DENTISTRY	4	10	538.00	53.80	.000	134.50	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	25.00	25.00	.000	25.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

## YOLO COUNTY

## SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.000		\$ 90.30	\$ .00
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000		47.45	.00
EYE APPLIANCES	1	3	42.85	14.28	.000		42.85	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
@TOTAL HOSPITAL	10	10	\$ 935.34	\$ 93.53	.000		\$ 93.53	\$ .00
HOSP INPATIENT TOTAL	1	1	510.00	510.00	.000		510.00	.00
HSC HOSPITALS	1	1	510.00	510.00	.000		510.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

HOSP OUTPATIENT TOTAL	9	9	425.34	47.26	.000	47.26	.00
MEDICAL	0	0	3.30	.00	.000	.00	.00
SURGERY	0	1CR	9.49CR	9.49	.000	.00	.00
PATHOLOGY	1	1	13.53	13.53	.000	13.53	.00
RADIOLOGY	5	7	226.68	32.38	.000	45.34	.00
ROOM USE	0	1CR	17.69	17.69CR	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	173.63	57.88	.000	57.88	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 17,239
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	10	\$ 935.34	\$ 93.53	.000	\$ 93.53	\$ .00
COMM HOSP INPATIENT TOTAL	1	1	510.00	510.00	.000	510.00	.00
HSC HOSPITALS	1	1	510.00	510.00	.000	510.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	9	425.34	47.26	.000	47.26	.00
MEDICAL	0	0	3.30	.00	.000	.00	.00
SURGERY	0	1CR	9.49CR	9.49	.000	.00	.00
PATHOLOGY	1	1	13.53	13.53	.000	13.53	.00
RADIOLOGY	5	7	226.68	32.38	.000	45.34	.00
ROOM USE	0	1CR	17.69	17.69CR	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	173.63	57.88	.000	57.88	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	1	1	\$	15.20	\$ 15.20	.000	\$ 15.20	\$ .00	
PATHOLOGY	1	1		15.20	15.20	.000	15.20	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	427.57	\$ 85.51	.000	\$ 142.52	\$ .00	
CLINIC	0	0		7.25	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	3	5		420.32	84.06	.000	140.11	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 17,240
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS								

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34	41	\$ 2,375.84	\$ 57.95	.000	\$ 69.88	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	28	29	2,276.00	78.48	.000	81.29	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	99.84	8.32	.000	16.64	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,241  
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
 YOLO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

216 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,119	18,584	\$ 1,353,840.84	\$ 72.85	86.037	\$ 434.06	\$ 6267.78
@PHYSICIANS SERVICES	59	258	\$ 5,053.33	\$ 19.59	1.194	\$ 85.65	\$ 23.40
OUTPATIENT VISITS	8	9	728.28	80.92	.042	91.04	3.37
OFFICE VISITS	4	4	477.95	119.49	.019	119.49	2.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	5	228.84	45.77	.023	57.21	1.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	21.49	.00	.000	.00	.10
INPATIENT VISITS	8	20	696.95	34.85	.093	87.12	3.23
HOSPITAL VISITS	4	11	455.57	41.42	.051	113.89	2.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	5	9	241.38	26.82	.042	48.28	1.12
OPHTHALMOLOGICAL SERVICES	0	0	2.81	.00	.000	.00	.01
EXAMINATIONS	0	0	2.81	.00	.000	.00	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2	210.54	105.27	.009	210.54	.97
PRINCIPAL SURGEON	1	1	127.52	127.52	.005	127.52	.59
ASSISTANT SURGEON	1	1	83.02	83.02	.005	83.02	.38
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	352.52	176.26	.009	176.26	1.63
PRINCIPAL SURGEON	2	2	352.52	176.26	.009	176.26	1.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	32	169.71	5.30	.148	33.94	.79
RADIOLOGY	6	15	356.66	23.78	.069	59.44	1.65
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	42	178	2,535.86	14.25	.824	60.38	11.74
@PHARMACY	933	2,995	\$ 216,312.49	\$ 72.22	13.866	\$ 231.85	\$ 1001.45
PRESCRIPTION DRUGS	929	1,998	215,481.50	107.85	9.250	231.95	997.60
SNF/ICF	476	1,257	122,164.95	97.19	5.819	256.65	565.58
OUTPATIENTS	462	741	93,316.55	125.93	3.431	201.98	432.02
MEDICAL SUPPLIES	9	997	830.99	.83	4.616	92.33	3.85
@DENTIST	1,370	5,351	\$ 301,478.60	\$ 56.34	24.773	\$ 220.06	\$ 1395.73
VISITS - DIAGNOSTIC	840	3,088	42,566.96	13.78	14.296	50.67	197.07
ORAL SURGERY	193	637	28,778.75	45.18	2.949	149.11	133.23
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	103	104	18,370.00	176.63	.481	178.35	85.05
ENDODONTICS	73	138	32,055.00	232.28	.639	439.11	148.40
RESTORATIVE DENTISTRY	278	706	84,276.75	119.37	3.269	303.15	390.17
PROSTHETICS	16	22	700.00	31.82	.102	43.75	3.24
DENTURES, STAYPLATES	275	644	93,856.14	145.74	2.981	341.30	434.52
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	3	8	875.00	109.38	.037	291.67	4.05
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4	.00	.00	.019	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 55 ALL AGED

PAGE 17,242  
01/17/03

216 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	34	85	\$ 1,875.50	\$ 22.06	.394	\$ 55.16	\$ 8.68
DIAGNOSTIC AND ANC. PROCED	14	14	640.58	45.76	.065	45.76	2.97
EYE APPLIANCES	27	67	1,124.00	16.78	.310	41.63	5.20
OTHER OPTOMETRIC SERVICES	2	4	110.92	27.73	.019	55.46	.51
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	16	21	\$ 221.51	\$ 10.55	.097	\$ 13.84	\$ 1.03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	16	21	221.51	10.55	.097	13.84	1.03
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	21	64	\$ 8,054.09	\$ 125.85	.296	\$ 383.53	\$ 37.29
HOSP INPATIENT TOTAL	6	28	6,722.42	240.09	.130	1120.40	31.12
HSC HOSPITALS	1	2	813.03	406.52	.009	813.03	3.76
NON-HSC HOSPITAL TOTAL	1	4	3,457.39	864.35	.019	3457.39	16.01
ACCOMMODATIONS	1	4	1,068.20	267.05	.019	1068.20	4.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,068.20	267.05	.019	1068.20	4.95
ANCILLARIES	1	0	2,389.19	.00	.000	2389.19	11.06
INPATIENT CROSSOVERS	4	22	2,452.00	111.45	.102	613.00	11.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	36	1,331.67	36.99	.167	88.78	6.17
MEDICAL	0	0	144.15	.00	.000	.00	.67
SURGERY	1	1	34.24	34.24	.005	34.24	.16
PATHOLOGY	1	2	62.27	31.14	.009	62.27	.29
RADIOLOGY	0	0	108.63	.00	.000	.00	.50
ROOM USE	2	2	220.06	110.03	.009	110.03	1.02
CROSSOVERS/ALL OTH OUTPTNT	13	31	762.32	24.59	.144	58.64	3.53
@COUNTY HOSPITAL TOTAL	0	0	\$ 11.57	\$ .00	.000	\$ .00	\$ .05
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	11.57	.00	.000	.00	.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	11.57	.00	.000	.00	.05

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,243  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 55 ALL AGED

216 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	64	\$ 8,042.52	\$ 125.66	.296	\$ 382.98	\$ 37.23
COMM HOSP INPATIENT TOTAL	6	28	6,722.42	240.09	.130	1120.40	31.12
HSC HOSPITALS	1	2	813.03	406.52	.009	813.03	3.76
NON-HSC HOSPITALS TOTAL	1	4	3,457.39	864.35	.019	3457.39	16.01
ACCOMMODATIONS	1	4	1,068.20	267.05	.019	1068.20	4.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,068.20	267.05	.019	1068.20	4.95
ANCILLARIES	1	0	2,389.19	.00	.000	2389.19	11.06
INPATIENT CROSSEOVERS	4	22	2,452.00	111.45	.102	613.00	11.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	36	1,320.10	36.67	.167	88.01	6.11
MEDICAL	0	0	144.15	.00	.000	.00	.67
SURGERY	1	1	34.24	34.24	.005	34.24	.16
PATHOLOGY	1	2	62.27	31.14	.009	62.27	.29
RADIOLOGY	0	0	108.63	.00	.000	.00	.50
ROOM USE	2	2	220.06	110.03	.009	110.03	1.02
CROSSEOVERS/ALL OTH OUTPTNT	13	31	750.75	24.22	.144	57.75	3.48
@STATE HOSPITAL	9	314	\$ 158,476.63	\$ 504.70	1.454	\$ 17608.51	\$ 733.69

MENTALLY ILL	8	303		150,811.84		497.73	1.403	18851.48	698.20
DEVELOP. DISABLED	1	11		7,664.79		696.80	.051	7664.79	35.49
@NURSING FACILITY	74	2,133	\$	259,474.39	\$	121.65	9.875	\$ 3506.41	\$ 1201.27
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	19	580		57,523.23		99.18	2.685	3027.54	266.31
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	31		15,525.81		500.83	.144	15525.81	71.88
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	54	1,522		186,425.35		122.49	7.046	3452.32	863.08
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	11	\$	158.65	\$	14.42	.051	\$ 52.88	\$ .73
PATHOLOGY	3	11		158.65		14.42	.051	52.88	.73
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	44	82	\$	10,042.01	\$	122.46	.380	\$ 228.23	\$ 46.49
CLINIC	0	0		23.50		.00	.000	.00	.11
SURGICENTER	1	1		194.31		194.31	.005	194.31	.90
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	43	81		9,824.20		121.29	.375	228.47	45.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
YOLO COUNTY	SUMMARY OF SERVICES FOR 55 ALL AGED								

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216 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	883	7,270	\$	392,693.64	\$ 54.02	33.657	\$ 444.73	\$ 1818.03
DURABLE MED. EQUIP.	4	59		4,915.70	83.32	.273	1228.93	22.76
BLOOD BANK	0	0		38.00	.00	.000	.00	.18
HEARING AID DISPENSERS	3	4		874.42	218.61	.019	291.47	4.05
MEDICAL TRANSPORTATION	17	366		1,468.57	4.01	1.694	86.39	6.80
AMBULANCES/AIR TRANS	4	86		668.10	7.77	.398	167.03	3.09
OTHER TRANS	9	84		318.43	3.79	.389	35.38	1.47
OTHER SERVICES	6	196		482.04	2.46	.907	80.34	2.23
ACUPUNCTURE	1	4		64.88	16.22	.019	64.88	.30
ADULT DAY HEALTH CARE CTR	341	5,247		351,875.48	67.06	24.292	1031.89	1629.05
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	35	297		17,797.63	59.92	1.375	508.50	82.40
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	447	970		12,070.01	12.44	4.491	27.00	55.88
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4		18.85	4.71	.019	9.43	.09
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2		52.52	26.26	.009	26.26	.24
SPEECH AND AUDIOLOGY	2	2		66.06	33.03	.009	33.03	.31
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	4	16	157.28	9.83	.074	39.32	.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	299	3,294.24	11.02	1.384	86.69	15.25
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	109	1,062	\$ 9,641.00	\$ 9.08	4.917	\$ 88.45	\$ 44.63

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,245
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YOLO COUNTY	SUMMARY OF SERVICES FOR 56 ALL BLIND	

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	211	1,390	\$ 105,342.45	\$ 75.79	1390.000	\$ 499.25	\$105342.45
@PHYSICIANS SERVICES	4	5	\$ 470.86	\$ 94.17	5.000	\$ 117.72	\$ 470.86
OUTPATIENT VISITS	2	2	144.55	72.28	2.000	72.28	144.55
OFFICE VISITS	2	2	118.95	59.48	2.000	59.48	118.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	6.96	.00	.000	.00	6.96
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	18.64	.00	.000	.00	18.64
INPATIENT VISITS	0	0	7.20	.00	.000	.00	7.20
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	7.20	.00	.000	.00	7.20
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	127.36	.00	.000	.00	127.36
PRINCIPAL SURGEON	0	0	127.36	.00	.000	.00	127.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	30.61	.00	.000	.00	30.61
PRINCIPAL SURGEON	0	0	30.61	.00	.000	.00	30.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	41.51	.00	.000	.00	41.51
RADIOLOGY	1	2	47.50	23.75	2.000	47.50	47.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	72.13	72.13	1.000	72.13	72.13
@PHARMACY	45	103	\$ 33,227.65	\$ 322.60	103.000	\$ 738.39	\$ 33227.65
PRESCRIPTION DRUGS	45	103	33,227.65	322.60	103.000	738.39	33227.65
SNF/ICF	3	3	488.07	162.69	3.000	162.69	488.07
OUTPATIENTS	42	100	32,739.58	327.40	100.000	779.51	32739.58
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	79	352	\$ 12,033.68	\$ 34.19	352.000	\$ 152.33	\$ 12033.68
VISITS - DIAGNOSTIC	57	258	3,399.68	13.18	258.000	59.64	3399.68
ORAL SURGERY	7	25	1,070.00	42.80	25.000	152.86	1070.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	8	11	2,000.00	181.82	11.000	250.00	2000.00
ENDODONTICS	2	3	850.00	283.33	3.000	425.00	850.00
RESTORATIVE DENTISTRY	15	32	2,856.00	89.25	32.000	190.40	2856.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	23	1,858.00	80.78	23.000	206.44	1858.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 56 ALL BLIND

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 27.75	\$ 9.25	3.000	\$ 27.75	\$ 27.75
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	27.75	9.25	3.000	27.75	27.75
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	4	24	\$ 490.46	\$ 20.44	24.000	\$ 122.62	\$ 490.46
HOSP INPATIENT TOTAL	2	21	378.08	18.00	21.000	189.04	378.08
HSC HOSPITALS	1	1	63.17	63.17	1.000	63.17	63.17
NON-HSC HOSPITAL TOTAL	0	0	477.09CR	.00	.000	.00	477.09CR
ACCOMMODATIONS	0	0	477.09CR	.00	.000	.00	477.09CR
ADMINISTRATIVE DAYS	0	0	477.09CR	.00	.000	.00	477.09CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	20	792.00	39.60	20.000	792.00	792.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	3	112.38	37.46	3.000	56.19	112.38
MEDICAL	0	0	11.28	.00	.000	.00	11.28
SURGERY	0	0	3.07	.00	.000	.00	3.07
PATHOLOGY	0	0	13.91	.00	.000	.00	13.91
RADIOLOGY	1	2	70.67	35.34	2.000	70.67	70.67
ROOM USE	0	0	7.18	.00	.000	.00	7.18
CROSSOVERS/ALL OTH OUTPTNT	1	1	6.27	6.27	1.000	6.27	6.27
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 56 ALL BLIND

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	24	\$ 490.46	\$ 20.44	24.000      \$ 122.62      \$ 490.46
COMM HOSP INPATIENT TOTAL	2	21	378.08	18.00	21.000      189.04      378.08
HSC HOSPITALS	1	1	63.17	63.17	1.000      63.17      63.17
NON-HSC HOSPITALS TOTAL	0	0	477.09CR	.00	.000      .00      477.09CR
ACCOMMODATIONS	0	0	477.09CR	.00	.000      .00      477.09CR
ADMINISTRATIVE DAYS	0	0	477.09CR	.00	.000      .00      477.09CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000      .00      .00
ALL OTHER ACCOM	0	0	.00	.00	.000      .00      .00
ANCILLARIES	0	0	.00	.00	.000      .00      .00
INPATIENT CROSSOVERS	1	20	792.00	39.60	20.000      792.00      792.00
ALL OTHER INPATIENT	0	0	.00	.00	.000      .00      .00
COMM HOSP OUTPATIENT TOTAL	2	3	112.38	37.46	3.000      56.19      112.38
MEDICAL	0	0	11.28	.00	.000      .00      11.28
SURGERY	0	0	3.07	.00	.000      .00      3.07
PATHOLOGY	0	0	13.91	.00	.000      .00      13.91
RADIOLOGY	1	2	70.67	35.34	2.000      70.67      70.67
ROOM USE	0	0	7.18	.00	.000      .00      7.18
CROSSOVERS/ALL OTH OUTPTNT	1	1	6.27	6.27	1.000      6.27      6.27
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000      \$ .00      \$ .00
MENTALLY ILL	0	0	.00	.00	.000      .00      .00
DEVELOP. DISABLED	0	0	.00	.00	.000      .00      .00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000      \$ .00      \$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000      .00      .00
LEV B-REHAB MD	0	0	.00	.00	.000      .00      .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000      .00      .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000      .00      .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000      .00      .00
LEV B-REGULAR	0	0	.00	.00	.000      .00      .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000      \$ .00      \$ .00
ICF DDH	0	0	.00	.00	.000      .00      .00
ICF DD	0	0	.00	.00	.000      .00      .00
ICF DDN/DDCN	0	0	.00	.00	.000      .00      .00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000      \$ .00      \$ .00
HOSPITAL BASED	0	0	.00	.00	.000      .00      .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000      .00      .00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000      \$ .00      \$ .00
HOSPITAL BASED	0	0	.00	.00	.000      .00      .00



INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	2	2	\$	16.10	\$	8.05		2.000	\$	8.05	\$	16.10
PATHOLOGY	2	2		16.10		8.05		2.000		8.05		16.10
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	9	\$	1,725.00	\$	191.67		9.000	\$	246.43	\$	1725.00
CLINIC	0	0		.00		.00		.000		.00		.00
SURGICENTER	0	0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	7	9		1,725.00		191.67		9.000		246.43		1725.00

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 YOLO COUNTY      SUMMARY OF SERVICES FOR 56 ALL BLIND

						----- MONTHLY AVERAGE -----			
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	92	892	\$	57,350.95	\$ 64.29	892.000	\$ 623.38	\$ 57350.95	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	58	795		53,218.01	66.94	795.000	917.55	53218.01	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	6	31		3,289.96	106.13	31.000	548.33	3289.96	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	19	45		599.50	13.32	45.000	31.55	599.50	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	12	117.96	9.83	12.000	16.85	117.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	9	125.52	13.95	9.000	41.84	125.52
@CALIF. CHILDREN SERVICES*	0	0	\$ 5.18	\$ .00	.000	\$ .00	\$ 5.18
@XOVER EXCLUDING STATE HOSP**	5	10	\$ 917.90	\$ 91.79	10.000	\$ 183.58	\$ 917.90

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 YOLO COUNTY      SUMMARY OF SERVICES FOR 57 ALL DISABLED

	1,005 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11,400	110,234	\$ 5,120,274.06	\$ 46.45	109.686	\$ 449.15	\$ 5094.80	
@PHYSICIANS SERVICES	434	1,305	\$ 46,344.99	\$ 35.51	1.299	\$ 106.79	\$ 46.11	
OUTPATIENT VISITS	170	229	13,289.43	58.03	.228	78.17	13.22	
OFFICE VISITS	72	95	5,871.62	61.81	.095	81.55	5.84	
HOME VISITS	1	1	34.30	34.30	.001	34.30	.03	
EMERGENCY ROOM	76	95	5,255.55	55.32	.095	69.15	5.23	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.001	60.48	.06	
OTHER OUTPATIENT	30	37	2,067.48	55.88	.037	68.92	2.06	
INPATIENT VISITS	89	199	7,336.54	36.87	.198	82.43	7.30	
HOSPITAL VISITS	27	100	4,744.58	47.45	.100	175.73	4.72	
CRITICAL CARE	2	4	486.40	121.60	.004	243.20	.48	
SNF/ICF/TRANS IP CARE	63	95	2,105.56	22.16	.095	33.42	2.10	
OPHTHALMOLOGICAL SERVICES	5	5	221.43	44.29	.005	44.29	.22	
EXAMINATIONS	5	5	221.43	44.29	.005	44.29	.22	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	9	76	4,166.29	54.82	.076	462.92	4.15	
PRINCIPAL SURGEON	6	6	2,154.78	359.13	.006	359.13	2.14	
ASSISTANT SURGEON	1	1	81.07	81.07	.001	81.07	.08	
ANESTHESIOLOGIST	4	69	1,930.44	27.98	.069	482.61	1.92	
OUTPATIENT SURGERY	20	38	2,709.78	71.31	.038	135.49	2.70	
PRINCIPAL SURGEON	16	17	2,013.46	118.44	.017	125.84	2.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	5	21	696.32	33.16	.021	139.26	.69	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	29	53	1,132.55	21.37	.053	39.05	1.13	
RADIOLOGY	74	142	7,195.84	50.67	.141	97.24	7.16	
PSYCHIATRY	1	1	23.22	23.22	.001	23.22	.02	
IMMUNIZATION AND INJECTION	4	129	1,713.77	13.29	.128	428.44	1.71	
OTHER SERVICES/ALL X-OVERS	148	433	8,556.14	19.76	.431	57.81	8.51	
@PHARMACY	5,803	15,217	\$ 2,454,226.37	\$ 161.28	15.141	\$ 422.92	\$ 2442.02	
PRESCRIPTION DRUGS	5,791	14,323	2,449,780.80	171.04	14.252	423.03	2437.59	
SNF/ICF	582	2,567	319,396.33	124.42	2.554	548.79	317.81	
OUTPATIENTS	5,254	11,756	2,130,384.47	181.22	11.698	405.48	2119.79	

MEDICAL SUPPLIES	28	894		4,445.57	4.97	.890	158.77	4.42
@DENTIST	3,850	17,308	\$	866,490.21	\$ 50.06	17.222	\$ 225.06	\$ 862.18
VISITS - DIAGNOSTIC	2,371	11,117		137,739.68	12.39	11.062	58.09	137.05
ORAL SURGERY	466	1,177		57,479.80	48.84	1.171	123.35	57.19
DRUGS	1	1		25.00	25.00	.001	25.00	.02
ANESTHESIA	6	6		415.00	69.17	.006	69.17	.41
PERIODONTICS	369	403		71,846.68	178.28	.401	194.71	71.49
ENDODONTICS	280	439		105,494.25	240.31	.437	376.77	104.97
RESTORATIVE DENTISTRY	1,103	2,860		327,002.25	114.34	2.846	296.47	325.38
PROSTHETICS	35	36		1,325.00	36.81	.036	37.86	1.32
DENTURES, STAYPLATES	453	1,227		156,231.36	127.33	1.221	344.88	155.45
SPACE MAINTAINERS	2	2		111.00	55.50	.002	55.50	.11
MAXILLOFACIAL SERVICES	4	5		4,980.19	996.04	.005	1245.05	4.96
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.001	1200.00	1.19
ORTHODONTIC SERVICES	13	21		1,290.00	61.43	.021	99.23	1.28
ALL OTHER SERVICES	11	13		1,350.00	103.85	.013	122.73	1.34
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MOP024				FEE-FOR-SERVICE/DENTAL				01/17/03
YOLO COUNTY				SUMMARY OF SERVICES FOR 57 ALL DISABLED				

	1,005 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	101	304	\$	6,512.32	\$ 21.42	.302	\$ 64.48	\$ 6.48
DIAGNOSTIC AND ANC. PROCED	55	57		2,585.57	45.36	.057	47.01	2.57
EYE APPLIANCES	84	247		3,926.75	15.90	.246	46.75	3.91
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	24	37	\$	680.71	\$ 18.40	.037	\$ 28.36	\$ .68
MEDICINE/INJECTIONS	11	12		370.00	30.83	.012	33.64	.37
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.002	34.60	.03
OTHER	13	23		276.11	12.00	.023	21.24	.27
@HOME HEALTH AGENCY	4	11	\$	772.71	\$ 70.25	.011	\$ 193.18	\$ .77
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	2	\$	48.00	\$ 24.00	.002	\$ 24.00	\$ .05
@TOTAL HOSPITAL	241	1,054	\$	182,626.77	\$ 173.27	1.049	\$ 757.79	\$ 181.72
HOSP INPATIENT TOTAL	59	370		161,429.08	436.29	.368	2736.09	160.63
HSC HOSPITALS	7	39		51,607.00	1323.26	.039	7372.43	51.35
NON-HSC HOSPITAL TOTAL	9	29		81,601.90	2813.86	.029	9066.88	81.20
ACCOMMODATIONS	9	29		37,862.01	1305.59	.029	4206.89	37.67
ADMINISTRATIVE DAYS	1	1		1,827.25CR	1827.25CR	.001	1827.25CR	1.82CR
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00	.08
ALL OTHER ACCOM	8	28		39,613.75	1414.78	.028	4951.72	39.42
ANCILLARIES	9	0		43,739.89	.00	.000	4859.99	43.52
INPATIENT CROSSOVERS	43	302		28,220.18	93.44	.300	656.28	28.08
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	186	684		21,197.69	30.99	.681	113.97	21.09
MEDICAL	26	28		2,951.49	105.41	.028	113.52	2.94
SURGERY	7	7		313.61	44.80	.007	44.80	.31
PATHOLOGY	56	210		2,517.36	11.99	.209	44.95	2.50
RADIOLOGY	33	51		5,172.85	101.43	.051	156.75	5.15
ROOM USE	98	122		4,875.96	39.97	.121	49.75	4.85

CROSSEOVERS/ALL OTH OUTPTNT	102	266		5,366.42	20.17	.265	52.61	5.34
@COUNTY HOSPITAL TOTAL	3	20	\$	21,600.81	\$ 1080.04	.020	\$ 7200.27	\$ 21.49
CO HOSPITAL INPATIENT TOTAL	1	16		21,447.32	1340.46	.016	21447.32	21.34
HSC HOSPITALS	1	16		21,632.00	1352.00	.016	21632.00	21.52
NON-HSC HOSPITALS TOTAL	0	0		184.68CR	.00	.000	.00	.18CR
ACCOMMODATIONS	0	0		184.68CR	.00	.000	.00	.18CR
ADMINISTRATIVE DAYS	0	0		184.68CR	.00	.000	.00	.18CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4		153.49	38.37	.004	76.75	.15
MEDICAL	1	1		34.31	34.31	.001	34.31	.03
SURGERY	1	1		62.63	62.63	.001	62.63	.06
PATHOLOGY	1	1		23.23	23.23	.001	23.23	.02
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		33.32	33.32	.001	33.32	.03
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
YOLO COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

1,005 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	238	1,034	\$ 161,025.96	\$ 155.73	1.029	\$ 676.58	\$ 160.22
COMM HOSP INPATIENT TOTAL	58	354	139,981.76	395.43	.352	2413.48	139.29
HSC HOSPITALS	6	23	29,975.00	1303.26	.023	4995.83	29.83
NON-HSC HOSPITALS TOTAL	9	29	81,786.58	2820.23	.029	9087.40	81.38
ACCOMMODATIONS	9	29	38,046.69	1311.95	.029	4227.41	37.86
ADMINISTRATIVE DAYS	1	1	1,642.57CR	1642.57CR	.001	1642.57CR	1.63CR
TRANSITIONAL IP CARE	0	0	75.51	.00	.000	.00	.08
ALL OTHER ACCOM	8	28	39,613.75	1414.78	.028	4951.72	39.42
ANCILLARIES	9	0	43,739.89	.00	.000	4859.99	43.52
INPATIENT CROSSEOVERS	43	302	28,220.18	93.44	.300	656.28	28.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	184	680	21,044.20	30.95	.677	114.37	20.94
MEDICAL	25	27	2,917.18	108.04	.027	116.69	2.90
SURGERY	6	6	250.98	41.83	.006	41.83	.25
PATHOLOGY	55	209	2,494.13	11.93	.208	45.35	2.48
RADIOLOGY	33	51	5,172.85	101.43	.051	156.75	5.15
ROOM USE	97	121	4,842.64	40.02	.120	49.92	4.82
CROSSEOVERS/ALL OTH OUTPTNT	102	266	5,366.42	20.17	.265	52.61	5.34
@STATE HOSPITAL	24	347	\$ 254,890.63	\$ 734.56	.345	\$ 10620.44	\$ 253.62
MENTALLY ILL	12	0	51,822.44	.00	.000	4318.54	51.56
DEVELOP. DISABLED	12	347	203,068.19	585.21	.345	16922.35	202.06
@NURSING FACILITY	78	1,856	\$ 215,395.39	\$ 116.05	1.847	\$ 2761.48	\$ 214.32
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	13	486	51,818.17	106.62	.484	3986.01	51.56
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	65	1,370	163,577.22	119.40	1.363	2516.57	162.76
@INTERMEDIATE CARE FACIL.-DD	1	30	\$ 2,723.55	\$ 90.79	.030	\$ 2723.55	\$ 2.71
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	1	30		2,723.55		90.79	.030	2723.55		2.71
@HEMODIALYSIS TOTAL	4	5	\$	2,959.84	\$	591.97	.005	\$ 739.96	\$	2.95
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	4	5		2,959.84		591.97	.005	739.96		2.95
@REHABILITATION FACILITY	2	2	\$	110.86	\$	55.43	.002	\$ 55.43	\$	.11
HOSPITAL BASED	2	2		110.86		55.43	.002	55.43		.11
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	162	628	\$	7,996.21	\$	12.73	.625	\$ 49.36	\$	7.96
PATHOLOGY	161	627		7,993.72		12.75	.624	49.65		7.95
XO AND OTHERS	1	1		2.49		2.49	.001	2.49		.00
@ORGANIZED OUTPATIENT CLINIC	131	241	\$	29,528.14	\$	122.52	.240	\$ 225.41	\$	29.38
CLINIC	19	29		889.28		30.66	.029	46.80		.88
SURGICENTER	4	27		716.16		26.52	.027	179.04		.71
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	108	185		27,922.70		150.93	.184	258.54		27.78

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 57 ALL DISABLED

PAGE 17,252  
01/17/03

	1,005 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,493	71,887	\$	1,048,967.36	\$ 14.59	71.529	\$ 420.77	\$ 1043.75
DURABLE MED. EQUIP.	18	53		4,299.81	81.13	.053	238.88	4.28
BLOOD BANK	0	0		66.50	.00	.000	.00	.07
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	62	1,512		13,106.71	8.67	1.504	211.40	13.04
AMBULANCES/AIR TRANS	37	562		6,921.08	12.32	.559	187.06	6.89
OTHER TRANS	21	925		4,181.83	4.52	.920	199.13	4.16
OTHER SERVICES	5	25		2,003.80	80.15	.025	400.76	1.99
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	347	6,862		459,602.73	66.98	6.828	1324.50	457.32
GENETIC DISEASE TESTING	13	13		988.00	76.00	.013	76.00	.98
IHMC,MODEL-NF,NF,AIDS,MSSP	97	9,702		304,397.96	31.37	9.654	3138.12	302.88
OCCUPATIONAL THERAPIST	2	14		268.00	19.14	.014	134.00	.27
OPTICIAN	1,161	2,548		30,419.16	11.94	2.535	26.20	30.27
PHYSICAL THERAPIST	2	6		127.14	21.19	.006	63.57	.13
PORTABLE X-RAY	9	16		354.67	22.17	.016	39.41	.35
PROSTHETIST/ORTHOTISTS	2	3		49.06	16.35	.003	24.53	.05
PROSTHETICS	2	3		49.06	16.35	.003	24.53	.05
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	7	11		377.58	34.33	.011	53.94	.38
SPEECH AND AUDIOLOGY	4	42		1,211.89	28.85	.042	302.97	1.21
HOSPICE SERVICES	1	30		3,512.70	117.09	.030	3512.70	3.50
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	726	20,580		108,746.20	5.28	20.478	149.79	108.21
EPSDT SUPPLEMENTAL SERVICE	12	4,110		113,351.70	27.58	4.090	9445.98	112.79
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	64	26,385		8,087.55	.31	26.254	126.37	8.05
@CALIF. CHILDREN SERVICES*	33	124	\$	9,852.08	\$ 79.45	.123	\$ 298.55	\$ 9.80
@XOVER EXCLUDING STATE HOSP**	241	858	\$	58,874.10	\$ 68.62	.854	\$ 244.29	\$ 58.58

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

## YOLO COUNTY

## SUMMARY OF SERVICES FOR 58 ALL FAMILIES

24,116 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29,370	155,141	\$ 5,139,987.40	\$ 33.13	6.433	\$ 175.01	\$ 213.14
@PHYSICIANS SERVICES	1,621	3,844	\$ 207,191.37	\$ 53.90	.159	\$ 127.82	\$ 8.59
OUTPATIENT VISITS	887	1,319	51,917.98	39.36	.055	58.53	2.15
OFFICE VISITS	457	567	22,363.91	39.44	.024	48.94	.93
HOME VISITS	12	17	691.02	40.65	.001	57.59	.03
EMERGENCY ROOM	302	335	17,627.21	52.62	.014	58.37	.73
PREVENTIVE CARE	2	2	98.96	49.48	.000	49.48	.00
OB VISITS/COMPRE PERI	45	275	7,155.48	26.02	.011	159.01	.30
OTHER OUTPATIENT	100	123	3,981.40	32.37	.005	39.81	.17
INPATIENT VISITS	93	343	27,090.68	78.98	.014	291.30	1.12
HOSPITAL VISITS	79	198	9,227.52	46.60	.008	116.80	.38
CRITICAL CARE	21	145	17,863.16	123.19	.006	850.63	.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	10	381.71	38.17	.000	38.17	.02
EXAMINATIONS	9	9	381.71	42.41	.000	42.41	.02
SERVICES AND MATERIALS	1	1	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	135	672	70,255.20	104.55	.028	520.41	2.91
PRINCIPAL SURGEON	66	93	50,185.28	539.63	.004	760.38	2.08
ASSISTANT SURGEON	17	17	3,091.22	181.84	.001	181.84	.13
ANESTHESIOLOGIST	74	562	16,978.70	30.21	.023	229.44	.70
OUTPATIENT SURGERY	81	185	11,349.55	61.35	.008	140.12	.47
PRINCIPAL SURGEON	65	88	8,560.72	97.28	.004	131.70	.35
ASSISTANT SURGEON	1	1	62.62	62.62	.000	62.62	.00
ANESTHESIOLOGIST	21	96	2,726.21	28.40	.004	129.82	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	156	214	4,318.11	20.18	.009	27.68	.18
RADIOLOGY	506	794	29,025.82	36.56	.033	57.36	1.20
PSYCHIATRY	0	0	13.80	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	20	24		1,290.98		53.79	.001	64.55	.05
OTHER SERVICES/ALL X-OVERS	130	283		11,547.54		40.80	.012	88.83	.48
@PHARMACY	2,058	6,442	\$	278,869.73	\$	43.29	.267	\$ 135.51	\$ 11.56
PRESCRIPTION DRUGS	2,021	3,896		261,523.78		67.13	.162	129.40	10.84
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	2,021	3,896		261,523.78		67.13	.162	129.40	10.84
MEDICAL SUPPLIES	103	2,546		17,345.95		6.81	.106	168.41	.72
@DENTIST	13,854	68,151	\$	2,464,279.12	\$	36.16	2.826	\$ 177.87	\$ 102.18
VISITS - DIAGNOSTIC	9,495	45,911		608,873.65		13.26	1.904	64.13	25.25
ORAL SURGERY	1,639	2,886		148,392.81		51.42	.120	90.54	6.15
DRUGS	126	145		2,570.00		17.72	.006	20.40	.11
ANESTHESIA	15	16		1,100.00		68.75	.001	73.33	.05
PERIODONTICS	609	634		108,488.00		171.12	.026	178.14	4.50
ENDODONTICS	1,332	2,392		417,962.30		174.73	.099	313.79	17.33
RESTORATIVE DENTISTRY	5,338	14,711		1,065,186.10		72.41	.610	199.55	44.17
PROSTHETICS	84	93		2,430.00		26.13	.004	28.93	.10
DENTURES, STAYPLATES	163	665		57,102.68		85.87	.028	350.32	2.37
SPACE MAINTAINERS	129	184		15,974.74		86.82	.008	123.84	.66
MAXILLOFACIAL SERVICES	21	23		1,802.18		78.36	.001	85.82	.07
FRACTURES, DISLOCATIONS	2	2		140.00		70.00	.000	70.00	.01
ORTHODONTIC SERVICES	310	422		33,131.66		78.51	.017	106.88	1.37
ALL OTHER SERVICES	56	67		1,125.00		16.79	.003	20.09	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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24,116 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	125	334	\$ 6,947.65	\$ 20.80	.014	\$ 55.58	\$ .29
DIAGNOSTIC AND ANC. PROCED	66	66	3,075.87	46.60	.003	46.60	.13
EYE APPLIANCES	104	266	3,851.56	14.48	.011	37.03	.16
OTHER OPTOMETRIC SERVICES	2	2	20.22	10.11	.000	10.11	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000	\$ 16.72	\$ .00
VISITS	1	1	16.72	16.72	.000	16.72	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ 48.78	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	48.78	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	50	55	\$ 3,664.52	\$ 66.63	.002	\$ 73.29	\$ .15
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	3	\$ 54.36	\$ 18.12	.000	\$ 27.18	\$ .00
@TOTAL HOSPITAL	1,579	9,886	\$ 1,206,221.00	\$ 122.01	.410	\$ 763.91	\$ 50.02
HOSP INPATIENT TOTAL	229	867	978,489.32	1128.59	.036	4272.88	40.57
HSC HOSPITALS	127	469	535,408.03	1141.59	.019	4215.81	22.20
NON-HSC HOSPITAL TOTAL	104	394	441,798.92	1121.32	.016	4248.07	18.32
ACCOMMODATIONS	104	394	149,172.86	378.61	.016	1434.35	6.19
ADMINISTRATIVE DAYS	1	8	1,690.90	211.36	.000	1690.90	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	103	386	147,481.96	382.08	.016	1431.86	6.12
ANCILLARIES	104	0	292,626.06	.00	.000	2813.71	12.13
INPATIENT CROSSOVERS	2	4	1,282.37	320.59	.000	641.19	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	1,459	9,019	227,731.68	25.25	.374	156.09	9.44
MEDICAL	187	214	7,907.21	36.95	.009	42.28	.33
SURGERY	86	99	4,689.91	47.37	.004	54.53	.19
PATHOLOGY	492	1,586	17,990.32	11.34	.066	36.57	.75
RADIOLOGY	252	325	19,155.08	58.94	.013	76.01	.79
ROOM USE	1,023	1,736	55,725.27	32.10	.072	54.47	2.31
CROSSOVERS/ALL OTH OUTPTNT	916	5,059	122,263.89	24.17	.210	133.48	5.07
@COUNTY HOSPITAL TOTAL	4	9	\$ 6,425.91	\$ 713.99	.000	\$ 1606.48	\$ .27
CO HOSPITAL INPATIENT TOTAL	2	5	6,296.02	1259.20	.000	3148.01	.26
HSC HOSPITALS	2	5	6,296.02	1259.20	.000	3148.01	.26
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	129.89	32.47	.000	64.95	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.04	6.04	.000	6.04	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.52	35.52	.000	35.52	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	88.33	44.17	.000	44.17	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
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24,116 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,575	9,877	\$	1,199,795.09	\$ 121.47	.410	\$ 761.77	\$ 49.75
COMM HOSP INPATIENT TOTAL	227	862		972,193.30	1127.83	.036	4282.79	40.31
HSC HOSPITALS	125	464		529,112.01	1140.33	.019	4232.90	21.94
NON-HSC HOSPITALS TOTAL	104	394		441,798.92	1121.32	.016	4248.07	18.32
ACCOMMODATIONS	104	394		149,172.86	378.61	.016	1434.35	6.19
ADMINISTRATIVE DAYS	1	8		1,690.90	211.36	.000	1690.90	.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	103	386		147,481.96	382.08	.016	1431.86	6.12
ANCILLARIES	104	0		292,626.06	.00	.000	2813.71	12.13
INPATIENT CROSSOVERS	2	4		1,282.37	320.59	.000	641.19	.05
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,457	9,015		227,601.79	25.25	.374	156.21	9.44
MEDICAL	187	214		7,907.21	36.95	.009	42.28	.33
SURGERY	86	99		4,689.91	47.37	.004	54.53	.19
PATHOLOGY	491	1,585		17,984.28	11.35	.066	36.63	.75
RADIOLOGY	252	325		19,155.08	58.94	.013	76.01	.79
ROOM USE	1,022	1,735		55,689.75	32.10	.072	54.49	2.31
CROSSOVERS/ALL OTH OUTPTNT	914	5,057		122,175.56	24.16	.210	133.67	5.07
@STATE HOSPITAL	15	477	\$	272,226.97	\$ 570.71	.020	\$ 18148.46	\$ 11.29
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	15	477		272,226.97	570.71	.020	18148.46	11.29
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	3	\$	1,858.71	\$ 619.57	.000	\$ 619.57	\$ .08
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	3		1,858.71	619.57	.000	619.57	.08
@REHABILITATION FACILITY	12	80	\$	1,457.26	\$ 18.22	.003	\$ 121.44	\$ .06
HOSPITAL BASED	1	2		136.00	68.00	.000	136.00	.01
INDEPENDENT FACILITY	11	78		1,321.26	16.94	.003	120.11	.05
@LABORATORY FACILITY	696	1,720	\$	25,758.78	\$ 14.98	.071	\$ 37.01	\$ 1.07
PATHOLOGY	696	1,720		25,758.78	14.98	.071	37.01	1.07
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,104	2,943	\$	213,616.70	\$ 72.58	.122	\$ 193.49	\$ 8.86
CLINIC	367	1,897		98,281.80	51.81	.079	267.80	4.08
SURGICENTER	6	39		1,111.12	28.49	.002	185.19	.05
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	732	1,007		114,223.78	113.43	.042	156.04	4.74
#CALIF DEPT OF HEALTH SERV								
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 FEE-FOR-SERVICE/DENTAL  
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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
24,116 ELIGIBLES							
@ALL OTHER PROVIDERS	12,002	61,202	\$ 457,775.73	\$ 7.48	2.538	\$ 38.14	\$ 18.98
DURABLE MED. EQUIP.	13	61	5,934.39	97.29	.003	456.49	.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	55	656	8,536.27	13.01	.027	155.20	.35
AMBULANCES/AIR TRANS	55	656	8,536.27	13.01	.027	155.20	.35
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	369	372	29,676.00	79.77	.015	80.42	1.23
IHMC, MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,814	3,805	35,668.43	9.37	.158	19.66	1.48
PHYSICAL THERAPIST	1	11	175.09	15.92	.000	175.09	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	20	2,815.18	140.76	.001	402.17	.12
PROSTHETICS	5	18	2,650.48	147.25	.001	530.10	.11
ORTHOTICS	2	2	164.70	82.35	.000	82.35	.01
PSYCHOLOGIST	7	22	1,481.38	67.34	.001	211.63	.06
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.000	99.19	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9,821	43,739	370,139.49	8.46	1.814	37.69	15.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	12,514	3,250.31	.26	.519	162.52	.13
@CALIF. CHILDREN SERVICES*	108	632	\$ 222,682.04	\$ 352.35	.026	\$ 2061.87	\$ 9.23

@XOVER EXCLUDING STATE HOSP\*\* 10 11 \$ 4,233.42 \$ 384.86 .000 \$ 423.34 \$ .18

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
 YOLO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

1,759 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,221	4,694	\$ 199,535.44	\$ 42.51	2.669 \$ 163.42	\$ 113.44
@PHYSICIANS SERVICES	180	316	\$ 10,777.30	\$ 34.11	.180 \$ 59.87	\$ 6.13
OUTPATIENT VISITS	135	165	5,727.70	34.71	.094 42.43	3.26
OFFICE VISITS	103	123	4,005.63	32.57	.070 38.89	2.28
HOME VISITS	0	0	.00	.00	.000 .00	.00
EMERGENCY ROOM	17	17	760.43	44.73	.010 44.73	.43
PREVENTIVE CARE	1	1	65.78	65.78	.001 65.78	.04
OB VISITS/COMPRE PERI	1	2	186.79	93.40	.001 186.79	.11
OTHER OUTPATIENT	19	22	709.07	32.23	.013 37.32	.40
INPATIENT VISITS	1	2	114.59	57.30	.001 114.59	.07
HOSPITAL VISITS	1	2	114.59	57.30	.001 114.59	.07
CRITICAL CARE	0	0	.00	.00	.000 .00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00	.00
OPHTHALMOLOGICAL SERVICES	4	4	98.32	24.58	.002 24.58	.06
EXAMINATIONS	2	2	89.78	44.89	.001 44.89	.05
SERVICES AND MATERIALS	2	2	8.54	4.27	.001 4.27	.00
INPATIENT HOSPITAL SURGERY	0	0	186.56	.00	.000 .00	.11
PRINCIPAL SURGEON	0	0	186.56	.00	.000 .00	.11
ASSISTANT SURGEON	0	0	.00	.00	.000 .00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00	.00
OUTPATIENT SURGERY	9	19	965.64	50.82	.011 107.29	.55
PRINCIPAL SURGEON	8	9	366.79	40.75	.005 45.85	.21
ASSISTANT SURGEON	0	0	.00	.00	.000 .00	.00
ANESTHESIOLOGIST	2	10	598.85	59.89	.006 299.43	.34
DIALYSIS	0	0	.00	.00	.000 .00	.00
PATHOLOGY	15	25	126.85	5.07	.014 8.46	.07
RADIOLOGY	36	56	2,090.21	37.33	.032 58.06	1.19
PSYCHIATRY	1	1	32.98	32.98	.001 32.98	.02
IMMUNIZATION AND INJECTION	1	1	52.99	52.99	.001 52.99	.03
OTHER SERVICES/ALL X-OVERS	26	43	1,381.46	32.13	.024 53.13	.79
@PHARMACY	399	1,027	\$ 78,460.92	\$ 76.40	.584 \$ 196.64	\$ 44.61
PRESCRIPTION DRUGS	396	983	76,941.53	78.27	.559 194.30	43.74
SNF/ICF	0	0	.00	.00	.000 .00	.00
OUTPATIENTS	396	983	76,941.53	78.27	.559 194.30	43.74
MEDICAL SUPPLIES	13	44	1,519.39	34.53	.025 116.88	.86
@DENTIST	414	1,927	\$ 69,742.59	\$ 36.19	1.096 \$ 168.46	\$ 39.65
VISITS - DIAGNOSTIC	288	1,290	18,237.50	14.14	.733 63.32	10.37
ORAL SURGERY	50	88	6,485.00	73.69	.050 129.70	3.69
DRUGS	5	5	75.00	15.00	.003 15.00	.04
ANESTHESIA	2	2	200.00	100.00	.001 100.00	.11
PERIODONTICS	12	12	2,055.00	171.25	.007 171.25	1.17
ENDODONTICS	34	63	12,909.00	204.90	.036 379.68	7.34
RESTORATIVE DENTISTRY	142	440	28,224.00	64.15	.250 198.76	16.05
PROSTHETICS	1	1	30.00	30.00	.001 30.00	.02
DENTURES, STAYPLATES	1	1	25.00	25.00	.001 25.00	.01
SPACE MAINTAINERS	3	3	431.00	143.67	.002 143.67	.25

MAXILLOFACIAL SERVICES	1	1	126.09	126.09	.001	126.09	.07
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	11	16	945.00	59.06	.009	85.91	.54
ALL OTHER SERVICES	3	5	.00	.00	.003	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

1,759 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	26 \$	627.26	\$ 24.13	.015	\$ 57.02	\$ .36
DIAGNOSTIC AND ANC. PROCED	9	9	391.47	43.50	.005	43.50	.22
EYE APPLIANCES	6	17	235.79	13.87	.010	39.30	.13
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	2 \$	20.90	\$ 10.45	.001	\$ 20.90	\$ .01
VISITS	1	2	20.90	10.45	.001	20.90	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	86	257 \$	12,255.32	\$ 47.69	.146	\$ 142.50	\$ 6.97
HOSP INPATIENT TOTAL	3	6	4,311.02	718.50	.003	1437.01	2.45
HSC HOSPITALS	3	6	4,311.02	718.50	.003	1437.01	2.45
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	83	251	7,944.30	31.65	.143	95.71	4.52
MEDICAL	20	23	1,145.90	49.82	.013	57.30	.65
SURGERY	8	7	432.09	61.73	.004	54.01	.25
PATHOLOGY	33	103	1,015.04	9.85	.059	30.76	.58
RADIOLOGY	23	25	2,314.25	92.57	.014	100.62	1.32
ROOM USE	49	61	2,335.21	38.28	.035	47.66	1.33
CROSSOVERS/ALL OTH OUTPTNT	21	32	701.81	21.93	.018	33.42	.40
@COUNTY HOSPITAL TOTAL	2	5	\$ 177.88	\$ 35.58	.003	\$ 88.94	\$ .10
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	177.88	35.58	.003	88.94	.10
MEDICAL	1	1	61.75	61.75	.001	61.75	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	8.39	.00	.000	.00	.00
RADIOLOGY	1	1	24.10	24.10	.001	24.10	.01
ROOM USE	2	2	67.02	33.51	.001	33.51	.04
CROSSOVERS/ALL OTH OUTPTNT	1	1	16.62	16.62	.001	16.62	.01

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YOLO COUNTY      SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

					----- MONTHLY AVERAGE -----			
1,759 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	84	252	\$ 12,077.44	\$ 47.93	.143	\$ 143.78	\$ 6.87	
COMM HOSP INPATIENT TOTAL	3	6	4,311.02	718.50	.003	1437.01	2.45	
HSC HOSPITALS	3	6	4,311.02	718.50	.003	1437.01	2.45	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	81	246	7,766.42	31.57	.140	95.88	4.42	
MEDICAL	19	22	1,084.15	49.28	.013	57.06	.62	
SURGERY	8	7	432.09	61.73	.004	54.01	.25	
PATHOLOGY	33	103	1,006.65	9.77	.059	30.50	.57	
RADIOLOGY	22	24	2,290.15	95.42	.014	104.10	1.30	
ROOM USE	47	59	2,268.19	38.44	.034	48.26	1.29	
CROSSOVERS/ALL OTH OUTPTNT	20	31	685.19	22.10	.018	34.26	.39	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	4	7	\$	373.89	\$	53.41	.004	\$ 93.47	\$ .21
HOSPITAL BASED	4	7		373.89		53.41	.004	93.47	.21
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	24	60	\$	764.36	\$	12.74	.034	\$ 31.85	\$ .43
PATHOLOGY	24	60		764.36		12.74	.034	31.85	.43
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	59	96	\$	8,552.23	\$	89.09	.055	\$ 144.95	\$ 4.86
CLINIC	2	12		222.51		18.54	.007	111.26	.13
SURGICENTER	1	6		231.21		38.54	.003	231.21	.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	56	78		8,098.51		103.83	.044	144.62	4.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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YOLO COUNTY	SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT								

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	1,759 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	250	976	\$	17,960.67	\$ 18.40	.555	\$ 71.84	\$ 10.21
DURABLE MED. EQUIP.	7	57		3,596.81	63.10	.032	513.83	2.04
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	10		150.15	15.02	.006	150.15	.09
AMBULANCES/AIR TRANS	1	10		150.15	15.02	.006	150.15	.09
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	50	52		4,414.00	84.88	.030	88.28	2.51
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	62	129		1,086.04	8.42	.073	17.52	.62
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	9		1,258.23	139.80	.005	629.12	.72
PROSTHETICS	2	9		1,258.23	139.80	.005	629.12	.72
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	127	716	7,041.44	9.83	.407	55.44	4.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3	414.00	138.00	.002	138.00	.24
@CALIF. CHILDREN SERVICES*	38	158	\$ 20,742.24	\$ 131.28	.090	\$ 545.85	\$ 11.79
@XOVER EXCLUDING STATE HOSP**	4	6	\$ 417.07	\$ 69.51	.003	\$ 104.27	\$ .24

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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YOLO COUNTY

SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	10	27	\$ 875.06	\$ 32.41	2.250	\$ 87.51	\$ 72.92
@PHYSICIANS SERVICES	1	1	\$ 15.13	\$ 15.13	.083	\$ 15.13	\$ 1.26
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	4.23	.00	.000	.00	.35
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	4.23	.00	.000	.00	.35
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	10.90	10.90	.083	10.90	.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	10	26	\$ 857.68	\$ 32.99	2.167	\$ 85.77	\$ 71.47
PRESCRIPTION DRUGS	10	26	857.68	32.99	2.167	85.77	71.47
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	10	26	857.68	32.99	2.167	85.77	71.47
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR    60 RENAL DIALYSIS      AID CODES

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ 2.25	\$ .00	.000	\$ .00	\$ .19
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	2.25	.00	.000	.00	.19
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	2.25	.00	.000	.00	.19
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS      AID CODES

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 2.25	\$ .00	.000	\$ .00      \$ .19
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00      .00
HSC HOSPITALS	0	0	.00	.00	.000	.00      .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00      .00
ACCOMMODATIONS	0	0	.00	.00	.000	.00      .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00      .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00      .00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00      .00
ANCILLARIES	0	0	.00	.00	.000	.00      .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00      .00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00      .00
COMM HOSP OUTPATIENT TOTAL	0	0	2.25	.00	.000	.00      .19
MEDICAL	0	0	.00	.00	.000	.00      .00



SURGERY	0	0	2.25	.00	.000	.00	.19
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS      AID CODES

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,265  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 YOLO COUNTY      SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION      AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

PAGE 17,266  
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION      AID CODES

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$ .00 \$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024      FEE-FOR-SERVICE/DENTAL  
YOLO COUNTY      SUMMARY OF SERVICES FOR 62 IRCA ALIENS

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	.00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
YOLO COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							
	AID CODES 51 52 56							

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01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,271  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 62 IRCA ALIENS      AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
YOLO COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 62 IRCA ALIENS

AID CODES 51 52 56  
 PAGE 17,272  
 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$ .00	.00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,273  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
YOLO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	82	143	\$ 10,977.97	\$ 76.77	47.667	\$ 133.88	\$ 3659.32
@PHYSICIANS SERVICES	22	27	\$ 1,631.05	\$ 60.41	9.000	\$ 74.14	\$ 543.68
OUTPATIENT VISITS	0	0	56.18	.00	.000	.00	18.73
OFFICE VISITS	0	0	4.20	.00	.000	.00	1.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	7.08	.00	.000	.00	2.36
OTHER OUTPATIENT	0	0	44.90	.00	.000	.00	14.97
INPATIENT VISITS	0	0	8.34	.00	.000	.00	2.78
HOSPITAL VISITS	0	0	8.34	.00	.000	.00	2.78
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	348.43	.00	.000	.00	116.14
PRINCIPAL SURGEON	0	0	318.40	.00	.000	.00	106.13
ASSISTANT SURGEON	0	0	22.18	.00	.000	.00	7.39
ANESTHESIOLOGIST	0	0	7.85	.00	.000	.00	2.62
OUTPATIENT SURGERY	1	1	505.96	505.96	.333	505.96	168.65
PRINCIPAL SURGEON	1	1	505.96	505.96	.333	505.96	168.65

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	6.44	.00	.000	.00	2.15
RADIOLOGY	21	26	705.70	27.14	8.667	33.60	235.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	6	15	\$ 286.28	\$ 19.09	5.000	\$ 47.71	\$ 95.43
PRESCRIPTION DRUGS	6	15	286.28	19.09	5.000	47.71	95.43
SNF/ICF	2	8	227.23	28.40	2.667	113.62	75.74
OUTPATIENTS	4	7	59.05	8.44	2.333	14.76	19.68
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	11	19	\$ 170.00	\$ 8.95	6.333	\$ 15.45	\$ 56.67
VISITS - DIAGNOSTIC	9	13	170.00	13.08	4.333	18.89	56.67
ORAL SURGERY	2	3	.00	.00	1.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	.00	.00	.667	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	1	1	.00	.00	.333	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,274  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR    63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	4	5	\$ 264.47	\$ 52.89	1.667	\$ 66.12	\$ 88.16
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	5	264.47	52.89	1.667	66.12	88.16
MEDICAL	0	0	20.77	.00	.000	.00	6.92
SURGERY	0	0	1.12	.00	.000	.00	.37
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	4	112.94	28.24	1.333	37.65	37.65
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	129.64	.333	129.64	43.21	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,275  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
YOLO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	4	5	\$ 264.47	\$ 52.89	1.667	\$	66.12	\$ 88.16
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	4	5	264.47	52.89	1.667		66.12	88.16
MEDICAL	0	0	20.77	.00	.000		.00	6.92
SURGERY	0	0	1.12	.00	.000		.00	.37
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	3	4	112.94	28.24	1.333		37.65	37.65
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	129.64	129.64	.333		129.64	43.21
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	30	\$	3,456.30	\$ 115.21	10.000	\$ 3456.30	\$ 1152.10
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	30		3,456.30	115.21	10.000	3456.30	1152.10
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	2	\$	1,413.86	\$ 706.93	.667	\$ 706.93	\$ 471.29
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	2		1,413.86	706.93	.667	706.93	471.29
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	7.60	\$ 7.60	.333	\$ 7.60	\$ 2.53
PATHOLOGY	1	1		7.60	7.60	.333	7.60	2.53
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	17	\$	1,391.41	\$ 81.85	5.667	\$ 115.95	\$ 463.80
CLINIC	0	0		2.35	.00	.000	.00	.78
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	17		1,389.06	81.71	5.667	115.76	463.02

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

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03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	27	27	\$ 2,357.00	\$ 87.30	9.000	\$ 87.30	\$ 785.67
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	27	27	2,357.00	87.30	9.000	87.30	785.67
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	40.50	\$	.00	.000	\$ 13.50
@XOVER EXCLUDING STATE HOSP**	2	2	\$	1,413.86	\$	706.93	.667	\$ 706.93 \$ 471.29

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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YOLO COUNTY

SUMMARY OF SERVICES FOR 64 REFUGEES

AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	120	478	\$ 52,020.72	\$ 108.83	.000		\$ 433.51	\$ .00
@PHYSICIANS SERVICES	1	2	\$ 147.86	\$ 73.93	.000		\$ 147.86	\$ .00
OUTPATIENT VISITS	0	0	23.28	.00	.000		.00	.00
OFFICE VISITS	0	0	23.28	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	4.56	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	4.56	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	22.15	.00	.000		.00	.00
RADIOLOGY	0	0	60.66	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	37.21	18.61	.000		37.21	.00
@PHARMACY	1	1	\$ 19.64	\$ 19.64	.000		\$ 19.64	\$ .00
PRESCRIPTION DRUGS	1	1	19.64	19.64	.000		19.64	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	1	1	19.64	19.64	.000		19.64	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	95	413	\$ 37,703.00	\$ 91.29	.000		\$ 396.87	\$ .00
VISITS - DIAGNOSTIC	46	132	3,642.00	27.59	.000		79.17	.00
ORAL SURGERY	17	37	2,636.00	71.24	.000		155.06	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00

PERIODONTICS	10	10	1,855.00	185.50	.000	185.50	.00
ENDODONTICS	23	39	10,500.00	269.23	.000	456.52	.00
RESTORATIVE DENTISTRY	55	187	16,540.00	88.45	.000	300.73	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	8	2,530.00	316.25	.000	632.50	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 64 REFUGEES      AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	1CR	\$	7.88	\$	7.88CR	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	1CR		7.88		7.88CR	.000		.00		.00
MEDICAL	0	0		32.60		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	1CR		24.72CR		24.72	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
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YOLO COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES										AID CODES 01 02 08

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	1CR	\$ 7.88	\$ 7.88CR	.000	\$ .00	\$ .00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	1CR	7.88	7.88CR	.000	.00	.00	
MEDICAL	0	0	32.60	.00	.000	.00	.00	



SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	1CR	24.72CR	24.72	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ 13,332.75	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	13,332.75	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 64 REFUGEES      AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	32	63	\$ 809.59	\$ 12.85	.000	\$ 25.30
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.000	55.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	31	62	754.59	12.17	.000	24.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR	\$	32.80CR	\$	32.80	.000 \$ .00 \$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024      FEE-FOR-SERVICE/DENTAL  
YOLO COUNTY      SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

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						AID CODES 0M 0N		----- MONTHLY AVERAGE -----	
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	11	35	\$ 1,324.08	\$ 37.83	.000	\$ 120.37	\$ .00		
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00	.00		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		
RADIOLOGY	0	0	.00	.00	.000	.00	.00		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00		
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00		
SNF/ICF	0	0	.00	.00	.000	.00	.00		
OUTPATIENTS	0	0	.00	.00	.000	.00	.00		

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	10	33	\$ 1,298.00	\$ 39.33	.000	\$ 129.80	\$ .00
VISITS - DIAGNOSTIC	6	11	313.00	28.45	.000	52.17	.00
ORAL SURGERY	2	3	116.00	38.67	.000	58.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	3	330.00	110.00	.000	165.00	.00
RESTORATIVE DENTISTRY	1	4	274.00	68.50	.000	274.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	12	265.00	22.08	.000	132.50	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

AID CODES 0M 0N

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,283  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

YOLO COUNTY      SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

AID CODES 0M 0N

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	\$	.000	\$	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	\$	.000	\$	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	\$	.000	\$	\$
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	\$	.000	\$	\$
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	\$	.000	\$	\$
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,284  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
YOLO COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 26.08	\$ 13.04	.000	\$ 26.08	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.000	26.08	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,285
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY	AID CODES OR 0T	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY

PAGE 17,286  
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY      AID CODES OR OT

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00 \$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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AID CODES OR OT

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	35	\$ 1,324.08	\$ 37.83	.000	\$ 120.37	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	10	33	\$	1,298.00	\$ 39.33	.000	\$ 129.80	\$ .00
VISITS - DIAGNOSTIC	6	11		313.00	28.45	.000	52.17	.00
ORAL SURGERY	2	3		116.00	38.67	.000	58.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	2	3		330.00	110.00	.000	165.00	.00
RESTORATIVE DENTISTRY	1	4		274.00	68.50	.000	274.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	12		265.00	22.08	.000	132.50	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 17,292	
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03	
YOLO COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL								

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 26.08	\$ 13.04	.000	\$ 26.08	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.000	26.08	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024

FEE-FOR-SERVICE/DENTAL

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YOLO COUNTY

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	169	308	\$ 41,796.34	\$ 135.70	2.962	\$ 247.32	\$ 401.89
@PHYSICIANS SERVICES	33	73	\$ 648.63	\$ 8.89	.702	\$ 19.66	\$ 6.24
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	33	73		648.63	8.89	.702	19.66	6.24	
@PHARMACY	2	6	\$	9.96	\$	1.66	.058	\$	.10
PRESCRIPTION DRUGS	0	2		18.34CR		9.17CR	.019		.18CR
SNF/ICF	0	0		.00		.00	.000		.00
OUTPATIENTS	0	2		18.34CR		9.17CR	.019		.18CR
MEDICAL SUPPLIES	2	4		28.30		7.08	.038		.27
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00
ORAL SURGERY	0	0		.00		.00	.000		.00
DRUGS	0	0		.00		.00	.000		.00
ANESTHESIA	0	0		.00		.00	.000		.00
PERIODONTICS	0	0		.00		.00	.000		.00
ENDODONTICS	0	0		.00		.00	.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00
PROSTHETICS	0	0		.00		.00	.000		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

PAGE 17,294 01/17/03

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000		.00
EYE APPLIANCES	0	0		.00	.000		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.000		.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$	.00
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
@PODIATRIST	1	1	\$	6.29	.010	\$	.06
MEDICINE/INJECTIONS	0	0		.00	.000		.00
SURGERY/ANES.	0	0		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00	.000		.00
OTHER	1	1		6.29	.010		.06
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	28	119	\$	15,059.78	\$	126.55	1.144	\$	537.85	\$	144.81
HOSP INPATIENT TOTAL	19	70		14,465.38		206.65	.673		761.34		139.09
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	19	70		14,465.38		206.65	.673		761.34		139.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10	49		594.40		12.13	.471		59.44		5.72
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	10	49		594.40		12.13	.471		59.44		5.72
@COUNTY HOSPITAL TOTAL	1	2	\$	4.00	\$	2.00	.019	\$	4.00	\$	.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		4.00		2.00	.019		4.00		.04
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		4.00		2.00	.019		4.00		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
MOP024	FEE-FOR-SERVICE/DENTAL										
YOLO COUNTY	SUMMARY OF SERVICES FOR 68 QMB - ONLY										

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104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	117	\$ 15,055.78	\$ 128.68	1.125	\$ 557.62	\$ 144.77
COMM HOSP INPATIENT TOTAL	19	70	14,465.38	206.65	.673	761.34	139.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	19	70	14,465.38	206.65	.673	761.34	139.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	47	590.40	12.56	.452	65.60	5.68
MEDICAL	0	0	.00	.00	.000	.00	.00



SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	47	590.40	12.56	.452	65.60	5.68
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	75	0	\$ 24,321.64	\$ .00	.000	\$ 324.29	\$ 233.86
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	75	0	24,321.64	.00	.000	324.29	233.86
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 68 QMB - ONLY

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104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	31	109	\$ 1,750.04	\$ 16.06	1.048	\$ 56.45	\$ 16.83
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	109	1,750.04	16.06	1.048	56.45	16.83
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	169	236	41,814.68	177.18	2.269	247.42	402.06

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024      FEE-FOR-SERVICE/DENTAL  
YOLO COUNTY      SUMMARY OF SERVICES FOR 69 133% PROGRAM

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580 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	283	1,086	\$ 23,305.69	\$ 21.46	1.872	\$ 82.35	\$ 40.18
@PHYSICIANS SERVICES	9	45	\$ 1,234.18	\$ 27.43	.078	\$ 137.13	\$ 2.13
OUTPATIENT VISITS	3	3	174.67	58.22	.005	58.22	.30
OFFICE VISITS	1	1	82.45	82.45	.002	82.45	.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	92.22	46.11	.003	46.11	.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	32	515.77	16.12	.055	515.77	.89
PRINCIPAL SURGEON	0	0	58.53	.00	.000	.00	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	32	457.24	14.29	.055	457.24	.79
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	3.22	.00	.000	.00	.01
RADIOLOGY	5	7	111.50	15.93	.012	22.30	.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	429.02	143.01	.005	429.02	.74
@PHARMACY	16	28	\$ 1,182.22	\$ 42.22	.048	\$ 73.89	\$ 2.04
PRESCRIPTION DRUGS	16	28	1,182.22	42.22	.048	73.89	2.04
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	16	28	1,182.22	42.22	.048	73.89	2.04

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	164	712	\$ 17,259.00	\$ 24.24	1.228	\$ 105.24	\$ 29.76
VISITS - DIAGNOSTIC	132	529	7,021.00	13.27	.912	53.19	12.11
ORAL SURGERY	7	11	467.00	42.45	.019	66.71	.81
DRUGS	1	1	25.00	25.00	.002	25.00	.04
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	21	46	3,028.00	65.83	.079	144.19	5.22
RESTORATIVE DENTISTRY	45	121	6,265.00	51.78	.209	139.22	10.80
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	4	453.00	113.25	.007	151.00	.78
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 69 133% PROGRAM

AID CODES 72 74 8N

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580 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 21.31	\$ 21.31	.002	\$ 21.31	\$ .04
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	1	21.31	21.31	.002	21.31	.04
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.000		.00	.00
OTHER	0	0		.00		.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00	\$
@TOTAL HOSPITAL	5	10	\$	279.81	\$	27.98	.017	\$	55.96
HOSP INPATIENT TOTAL	0	0		.00		.000		.00	.00
HSC HOSPITALS	0	0		.00		.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.000		.00	.00
ACCOMMODATIONS	0	0		.00		.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.000		.00	.00
ANCILLARIES	0	0		.00		.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.000		.00	.00
HOSP OUTPATIENT TOTAL	5	10		279.81		27.98	.017		55.96
MEDICAL	0	0		65.40		.00	.000		.00
SURGERY	1	1		8.38		8.38	.002		8.38
PATHOLOGY	1	1		3.22		3.22	.002		3.22
RADIOLOGY	3	5		93.52		18.70	.009		31.17
ROOM USE	2	2		91.70		45.85	.003		45.85
CROSSOVERS/ALL OTH OUTPTNT	1	1		17.59		17.59	.002		17.59
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

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YOLO COUNTY      SUMMARY OF SERVICES FOR 69 133% PROGRAM      AID CODES 72 74 8N

580 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	10	\$ 279.81	\$ 27.98	.017	\$ 55.96	\$ .48
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	10		279.81	27.98	.017	55.96	.48
MEDICAL	0	0		65.40	.00	.000	.00	.11
SURGERY	1	1		8.38	8.38	.002	8.38	.01
PATHOLOGY	1	1		3.22	3.22	.002	3.22	.01
RADIOLOGY	3	5		93.52	18.70	.009	31.17	.16
ROOM USE	2	2		91.70	45.85	.003	45.85	.16
CROSSOVERS/ALL OTH OUTPTNT	1	1		17.59	17.59	.002	17.59	.03
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	16.09	\$ 16.09	.002	\$ 16.09	\$ .03
PATHOLOGY	1	1		16.09	16.09	.002	16.09	.03
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	6	\$	376.06	\$ 62.68	.010	\$ 62.68	\$ .65
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	6		376.06	62.68	.010	62.68	.65

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 69 133% PROGRAM

AID CODES 72 74 8N

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580 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	86	283	\$ 2,937.02	\$ 10.38	.488	\$ 34.15	\$ 5.06
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6	12		99.84	8.32	.021	16.64	.17
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	271		2,837.18	10.47	.467	35.46	4.89
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	4	\$	486.17	\$ 121.54	.007	\$ 486.17	\$ .84
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,301
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YOLO COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM	AID CODES 7A 7C 8R	

305 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	392	2,601	\$ 42,284.82	\$ 16.26	8.528	\$ 107.87	\$ 138.64
@PHYSICIANS SERVICES	7	22	\$ 1,086.66	\$ 49.39	.072	\$ 155.24	\$ 3.56
OUTPATIENT VISITS	2	2	94.43	47.22	.007	47.22	.31
OFFICE VISITS	0	0	20.21	.00	.000	.00	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.007	34.49	.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	5.24	.00	.000	.00	.02
INPATIENT VISITS	1	9	448.57	49.84	.030	448.57	1.47
HOSPITAL VISITS	1	9	448.57	49.84	.030	448.57	1.47
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	127.36	.00	.000	.00	.42
PRINCIPAL SURGEON	0	0	127.36	.00	.000	.00	.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	38.99	.00	.000	.00	.13
PRINCIPAL SURGEON	0	0	38.99	.00	.000	.00	.13
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	4.91	4.91	.003	4.91	.02
RADIOLOGY	4	8	260.33	32.54	.026	65.08	.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	2		112.07		.007		112.07		.37
@PHARMACY	11	15	\$	1,723.04	\$	.049	\$	156.64	\$	5.65
PRESCRIPTION DRUGS	11	15		1,723.04		.049		156.64		5.65
SNF/ICF	0	0		.00		.000		.00		.00
OUTPATIENTS	11	15		1,723.04		.049		156.64		5.65
MEDICAL SUPPLIES	0	0		.00		.000		.00		.00
@DENTIST	138	769	\$	18,674.75	\$	2.521	\$	135.32	\$	61.23
VISITS - DIAGNOSTIC	110	589		7,670.75		1.931		69.73		25.15
ORAL SURGERY	15	20		822.00		.066		54.80		2.70
DRUGS	2	3		75.00		.010		37.50		.25
ANESTHESIA	0	0		.00		.000		.00		.00
PERIODONTICS	1	1		200.00		.003		200.00		.66
ENDODONTICS	14	21		2,417.00		.069		172.64		7.92
RESTORATIVE DENTISTRY	52	128		6,875.00		.420		132.21		22.54
PROSTHETICS	0	0		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00		.00
SPACE MAINTAINERS	3	3		440.00		.010		146.67		1.44
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00		.00
ORTHODONTIC SERVICES	4	4		175.00		.013		43.75		.57
ALL OTHER SERVICES	0	0		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									
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305 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	7	27	\$ 5,987.88	\$ 221.77	.089	\$ 855.41	\$ 19.63
HOSP INPATIENT TOTAL	1	5	5,565.00	1113.00	.016	5565.00	18.25
HSC HOSPITALS	1	5	5,565.00	1113.00	.016	5565.00	18.25
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	6	22	422.88	19.22	.072	70.48	1.39
MEDICAL	3	3	125.40	41.80	.010	41.80	.41
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	11	154.93	14.08	.036	38.73	.51
RADIOLOGY	2	2	51.62	25.81	.007	25.81	.17
ROOM USE	2	3	81.00	27.00	.010	40.50	.27
CROSSEOVERS/ALL OTH OUTPTNT	2	3	9.93	3.31	.010	4.97	.03
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,303  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 70 100% PROGRAM      AID CODES 7A 7C 8R

	305 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	27	\$	5,987.88	\$ 221.77	.089	\$ 855.41	\$ 19.63



COMM HOSP INPATIENT TOTAL	1	5		5,565.00	1113.00	.016	5565.00	18.25
HSC HOSPITALS	1	5		5,565.00	1113.00	.016	5565.00	18.25
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	22		422.88	19.22	.072	70.48	1.39
MEDICAL	3	3		125.40	41.80	.010	41.80	.41
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	11		154.93	14.08	.036	38.73	.51
RADIOLOGY	2	2		51.62	25.81	.007	25.81	.17
ROOM USE	2	3		81.00	27.00	.010	40.50	.27
CROSSOVERS/ALL OTH OUTPTNT	2	3		9.93	3.31	.010	4.97	.03
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	321.46	\$ 160.73	.007	\$ 160.73	\$ 1.05
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		321.46	160.73	.007	160.73	1.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
YOLO COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM							
	AID CODES 7A 7C 8R							
	----- MONTHLY AVERAGE -----							
305 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	234	1,766	\$	14,491.03	\$ 8.21	5.790	\$ 61.93	\$ 47.51
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	35	281.04	8.03	.115	16.53	.92
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	217	1,731	14,209.99	8.21	5.675	65.48	46.59
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	7	\$ 5,698.22	\$ 814.03	.023	\$ 1899.41	\$ 18.68
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,305
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	937	7,290	\$ 231,248.09	\$ 31.72	.000	\$ 246.80	\$ .00
@PHYSICIANS SERVICES	108	162	\$ 10,355.36	\$ 63.92	.000	\$ 95.88	\$ .00
OUTPATIENT VISITS	6	55	1,658.86	30.16	.000	276.48	.00
OFFICE VISITS	1	1	22.90	22.90	.000	22.90	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	54	1,635.96	30.30	.000	272.66	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	168.65	168.65	.000	168.65	.00
PRINCIPAL SURGEON	1	1	168.65	168.65	.000	168.65	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	15.42	5.14	.000	5.14	.00
RADIOLOGY	103	103	8,512.43	82.64	.000	82.64	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	18	22	\$ 542.27	\$ 24.65	.000	\$ 30.13	\$ .00
PRESCRIPTION DRUGS	17	20	333.54	16.68	.000	19.62	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	17	20	333.54	16.68	.000	19.62	.00
MEDICAL SUPPLIES	1	2	208.73	104.37	.000	208.73	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,306  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	393	4,151	\$ 134,506.09	\$ 32.40	.000	\$ 342.25	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	393	4,151	134,506.09	32.40	.000	342.25	.00
MEDICAL	14	15	166.40	11.09	.000	11.89	.00
SURGERY	2	2	48.89	24.45	.000	24.45	.00
PATHOLOGY	15	18	173.72	9.65	.000	11.58	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	386	617	16,311.67	26.44	.000	42.26	.00
CROSSOVERS/ALL OTH OUTPTNT	389	3,499	117,805.41	33.67	.000	302.84	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,307  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	393	4,151	\$ 134,506.09	\$ 32.40	.000	\$ 342.25	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	393	4,151	134,506.09	32.40	.000	342.25	.00
MEDICAL	14	15	166.40	11.09	.000	11.89	.00
SURGERY	2	2	48.89	24.45	.000	24.45	.00
PATHOLOGY	15	18	173.72	9.65	.000	11.58	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	386	617	16,311.67	26.44	.000	42.26	.00
CROSSOVERS/ALL OTH OUTPTNT	389	3,499	117,805.41	33.67	.000	302.84	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	582	1,301	\$	27,468.99	\$	21.11	.000	\$	47.20 \$
PATHOLOGY	582	1,301		27,468.99		21.11	.000		47.20
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	227	1,611	\$	53,923.38	\$	33.47	.000	\$	237.55 \$
CLINIC	218	1,599		52,383.30		32.76	.000		240.29
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	9	12		1,540.08		128.34	.000		171.12

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,308  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 YOLO COUNTY      SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	43	\$ 4,452.00	\$ 103.53	.000	\$ 103.53	\$ .00
DURABLE MED. EQUIP.	0	.00	.00	.000	.00	.00
BLOOD BANK	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	.00	.00	.000	.00	.00
OTHER TRANS	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	43	4,452.00	103.53	.000	103.53	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	.00	.00	.000	.00	.00
OPTICIAN	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	.00	.00	.000	.00	.00
PROSTHETICS	0	.00	.00	.000	.00	.00
ORTHOTICS	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,309  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22	71	\$ 2,125.84	\$ 29.94	1.268	\$ 96.63	\$ 37.96
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	16	32	\$	1,397.52	\$ 43.67	.571	\$ 87.35	\$ 24.96
PRESCRIPTION DRUGS	16	32		1,397.52	43.67	.571	87.35	24.96
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	16	32		1,397.52	43.67	.571	87.35	24.96
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 17,310
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE							

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	10	39	\$	728.32	\$	18.67	.696	\$	72.83	\$	13.01
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10	39		728.32		18.67	.696		72.83		13.01
MEDICAL	10	14		360.42		25.74	.250		36.04		6.44
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	9	11		305.56		27.78	.196		33.95		5.46
CROSSOVERS/ALL OTH OUTPTNT	10	14		62.34		4.45	.250		6.23		1.11
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 17,311
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM										AID CODE

						----- MONTHLY AVERAGE -----			
56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	10	39	\$ 728.32	\$ 18.67	.696	\$ 72.83	\$ 13.01		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	10	39	728.32	18.67	.696	72.83	13.01		
MEDICAL	10	14	360.42	25.74	.250	36.04	6.44		



SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	9	11		305.56	27.78	.196	33.95	5.46
CROSSOVERS/ALL OTH OUTPTNT	10	14		62.34	4.45	.250	6.23	1.11
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,312  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024 FEE-FOR-SERVICE/DENTAL  
YOLO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

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254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	216	1,615	\$ 115,643.69	\$ 71.61	6.358	\$ 535.39	\$ 455.29
@PHYSICIANS SERVICES	73	219	\$ 15,248.91	\$ 69.63	.862	\$ 208.89	\$ 60.04
OUTPATIENT VISITS	21	32	1,943.51	60.73	.126	92.55	7.65
OFFICE VISITS	6	7	246.94	35.28	.028	41.16	.97
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8	515.28	64.41	.031	64.41	2.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	17	1,181.29	69.49	.067	168.76	4.65
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	22	837.29	38.06	.087	104.66	3.30

HOSPITAL VISITS	8	22		837.29		38.06	.087	104.66	3.30
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	37		8,178.60		221.04	.146	681.55	32.20
PRINCIPAL SURGEON	10	18		7,484.60		415.81	.071	748.46	29.47
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	4	19		694.00		36.53	.075	173.50	2.73
OUTPATIENT SURGERY	13	22		1,506.43		68.47	.087	115.88	5.93
PRINCIPAL SURGEON	11	15		1,317.86		87.86	.059	119.81	5.19
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	5	7		188.57		26.94	.028	37.71	.74
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	10	28		294.99		10.54	.110	29.50	1.16
RADIOLOGY	30	50		2,156.13		43.12	.197	71.87	8.49
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	17		142.98		8.41	.067	20.43	.56
OTHER SERVICES/ALL X-OVERS	6	11		188.98		17.18	.043	31.50	.74
@PHARMACY	33	64	\$	1,415.82	\$	22.12	.252	42.90	5.57
PRESCRIPTION DRUGS	33	59		913.68		15.49	.232	27.69	3.60
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	33	59		913.68		15.49	.232	27.69	3.60
MEDICAL SUPPLIES	2	5		502.14		100.43	.020	251.07	1.98
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	4	\$	299.44	\$ 74.86	.016	\$ 74.86	\$ 1.18
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	111	967	\$	81,892.91	\$ 84.69	3.807	\$ 737.77	\$ 322.41
HOSP INPATIENT TOTAL	15	68		61,114.12	898.74	.268	4074.27	240.61
HSC HOSPITALS	6	34		38,879.08	1143.50	.134	6479.85	153.07
NON-HSC HOSPITAL TOTAL	9	34		22,235.04	653.97	.134	2470.56	87.54
ACCOMMODATIONS	9	34		10,992.00	323.29	.134	1221.33	43.28
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	34		10,992.00	323.29	.134	1221.33	43.28
ANCILLARIES	9	0		11,243.04	.00	.000	1249.23	44.26
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	107	899		20,778.79	23.11	3.539	194.19	81.81
MEDICAL	8	10		255.55	25.56	.039	31.94	1.01
SURGERY	7	7		342.72	48.96	.028	48.96	1.35
PATHOLOGY	40	139		1,854.32	13.34	.547	46.36	7.30
RADIOLOGY	12	12		610.45	50.87	.047	50.87	2.40
ROOM USE	70	131		4,275.51	32.64	.516	61.08	16.83
CROSSOVERS/ALL OTH OUTPTNT	77	600		13,440.24	22.40	2.362	174.55	52.91
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR    73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	111	967	\$ 81,892.91	\$ 84.69	3.807	\$ 737.77	\$ 322.41
COMM HOSP INPATIENT TOTAL	15	68	61,114.12	898.74	.268	4074.27	240.61
HSC HOSPITALS	6	34	38,879.08	1143.50	.134	6479.85	153.07
NON-HSC HOSPITALS TOTAL	9	34	22,235.04	653.97	.134	2470.56	87.54
ACCOMMODATIONS	9	34	10,992.00	323.29	.134	1221.33	43.28
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	9	34	10,992.00	323.29	.134	1221.33	43.28
ANCILLARIES	9	0	11,243.04	.00	.000	1249.23	44.26
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	107	899	20,778.79	23.11	3.539	194.19	81.81
MEDICAL	8	10	255.55	25.56	.039	31.94	1.01
SURGERY	7	7	342.72	48.96	.028	48.96	1.35
PATHOLOGY	40	139	1,854.32	13.34	.547	46.36	7.30
RADIOLOGY	12	12	610.45	50.87	.047	50.87	2.40
ROOM USE	70	131	4,275.51	32.64	.516	61.08	16.83
CROSSOVERS/ALL OTH OUTPTNT	77	600	13,440.24	22.40	2.362	174.55	52.91
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	37	78	1,220.94	15.65	.307	33.00	4.81
PATHOLOGY	37	78	1,220.94	15.65	.307	33.00	4.81
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	63	271	14,405.67	53.16	1.067	228.66	56.72
CLINIC	63	271	14,405.67	53.16	1.067	228.66	56.72
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

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254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	12	\$ 1,160.00	\$ 96.67	.047	\$ 96.67	\$ 4.57
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	12	12	1,160.00	96.67	.047	96.67	4.57

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024                              FEE-FOR-SERVICE/DENTAL  
YOLO COUNTY                        SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00	
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00	
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	0	0		.00	.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	0	0	\$	.00	\$	.000	\$	.00	
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 17,318
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE								

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 17,319
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE										

						----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		



COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	\$	.000	\$	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	\$	.000	\$	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	\$	.000	\$	\$
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	\$	.000	\$	\$
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	\$	.000	\$	\$
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 17,320 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024      FEE-FOR-SERVICE/DENTAL  
YOLO COUNTY      SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

PAGE 17,321  
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05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	36	69	\$ 3,502.03	\$ 50.75	13.800	\$ 97.28	\$ 700.41	
@PHYSICIANS SERVICES	1	1	\$ 45.72	\$ 45.72	.200	\$ 45.72	\$ 9.14	
OUTPATIENT VISITS	1	1	45.72	45.72	.200	45.72	9.14	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	1	1	45.72	45.72	.200	45.72	9.14	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	22	23	\$	1,013.96	\$ 44.09	4.600	\$ 46.09	\$ 202.79
PRESCRIPTION DRUGS	22	23		1,013.96	44.09	4.600	46.09	202.79
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	22	23		1,013.96	44.09	4.600	46.09	202.79
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	8	30	\$	2,289.00	\$ 76.30	6.000	\$ 286.13	\$ 457.80
VISITS - DIAGNOSTIC	4	18		287.00	15.94	3.600	71.75	57.40
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.200	200.00	40.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	11		1,802.00	163.82	2.200	600.67	360.40
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,322  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC      AID CODES 6N

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,323				

MOP024  
YOLO COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

01/17/03

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
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SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

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05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	9	15	\$	153.35	\$ 10.22	3.000	\$ 17.04	\$ 30.67
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		26.08	13.04	.400	26.08	5.22
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	13		127.27	9.79	2.600	15.91	25.45
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$	45.72	\$ 45.72	.200	\$ 45.72	\$ 9.14
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 17,325  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
YOLO COUNTY      SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

	32,056 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	50,094	322,327	\$	13,825,146.47	\$ 42.89	10.055	\$ 275.98	\$ 431.28
@PHYSICIANS SERVICES	3,509	8,789	\$	495,188.37	\$ 56.34	.274	\$ 141.12	\$ 15.45
OUTPATIENT VISITS	1,500	2,316		97,064.38	41.91	.072	64.71	3.03
OFFICE VISITS	727	910		37,933.99	41.69	.028	52.18	1.18
HOME VISITS	13	18		725.32	40.30	.001	55.79	.02
EMERGENCY ROOM	505	565		30,487.21	53.96	.018	60.37	.95
PREVENTIVE CARE	3	3		164.74	54.91	.000	54.91	.01
OB VISITS/COMPRI PERI	134	604		19,975.09	33.07	.019	149.07	.62
OTHER OUTPATIENT	178	216		7,778.03	36.01	.007	43.70	.24
INPATIENT VISITS	314	929		58,520.67	62.99	.029	186.37	1.83
HOSPITAL VISITS	222	571		25,787.95	45.16	.018	116.16	.80
CRITICAL CARE	42	254		30,374.35	119.58	.008	723.20	.95
SNF/ICF/TRANS IP CARE	68	104		2,358.37	22.68	.003	34.68	.07
OPHTHALMOLOGICAL SERVICES	19	19		704.27	37.07	.001	37.07	.02
EXAMINATIONS	16	16		695.73	43.48	.000	43.48	.02
SERVICES AND MATERIALS	3	3		8.54	2.85	.000	2.85	.00

INPATIENT HOSPITAL SURGERY	358	1,387		188,849.50	136.16	.043	527.51	5.89
PRINCIPAL SURGEON	196	241		146,439.26	607.63	.008	747.14	4.57
ASSISTANT SURGEON	46	46		8,235.58	179.03	.001	179.03	.26
ANESTHESIOLOGIST	166	1,100		34,174.66	31.07	.034	205.87	1.07
OUTPATIENT SURGERY	226	465		27,477.06	59.09	.015	121.58	.86
PRINCIPAL SURGEON	192	240		20,853.37	86.89	.007	108.61	.65
ASSISTANT SURGEON	2	2		249.12	124.56	.000	124.56	.01
ANESTHESIOLOGIST	51	223		6,374.57	28.59	.007	124.99	.20
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	335	556		10,557.96	18.99	.017	31.52	.33
RADIOLOGY	1,200	1,730		78,939.59	45.63	.054	65.78	2.46
PSYCHIATRY	2	2		70.00	35.00	.000	35.00	.00
IMMUNIZATION AND INJECTION	55	236		4,350.38	18.43	.007	79.10	.14
OTHER SERVICES/ALL X-OVERS	458	1,149		28,654.56	24.94	.036	62.56	.89
@PHARMACY	9,964	27,201	\$	3,113,820.49	\$ 114.47	.849	\$ 312.51	\$ 97.14
PRESCRIPTION DRUGS	9,877	22,562		3,078,768.58	136.46	.704	311.71	96.04
SNF/ICF	1,063	3,835		442,276.58	115.33	.120	416.06	13.80
OUTPATIENTS	8,868	18,727		2,636,492.00	140.79	.584	297.30	82.25
MEDICAL SUPPLIES	213	4,639		35,051.91	7.56	.145	164.56	1.09
@DENTIST	20,002	95,092	\$	3,789,660.95	\$ 39.85	2.966	\$ 189.46	\$ 118.22
VISITS - DIAGNOSTIC	13,368	62,981		829,791.22	13.18	1.965	62.07	25.89
ORAL SURGERY	2,402	4,891		246,422.36	50.38	.153	102.59	7.69
DRUGS	135	155		2,770.00	17.87	.005	20.52	.09
ANESTHESIA	23	24		1,715.00	71.46	.001	74.57	.05
PERIODONTICS	1,115	1,178		205,014.68	174.04	.037	183.87	6.40
ENDODONTICS	1,781	3,144		585,545.55	186.24	.098	328.77	18.27
RESTORATIVE DENTISTRY	7,032	19,198		1,537,499.10	80.09	.599	218.64	47.96
PROSTHETICS	137	153		4,485.00	29.31	.005	32.74	.14
DENTURES, STAYPLATES	907	2,580		311,868.18	120.88	.080	343.85	9.73
SPACE MAINTAINERS	140	196		17,409.74	88.83	.006	124.36	.54
MAXILLOFACIAL SERVICES	29	37		7,783.46	210.36	.001	268.40	.24
FRACTURES, DISLOCATIONS	3	3		1,340.00	446.67	.000	446.67	.04
ORTHODONTIC SERVICES	338	463		35,541.66	76.76	.014	105.15	1.11
ALL OTHER SERVICES	72	89		2,475.00	27.81	.003	34.38	.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
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	32,056 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	273	753	\$	16,011.79	\$ 21.26	.023	\$ 58.65	\$ .50
DIAGNOSTIC AND ANC. PROCED	144	146		6,693.49	45.85	.005	46.48	.21
EYE APPLIANCES	223	601		9,187.16	15.29	.019	41.20	.29
OTHER OPTOMETRIC SERVICES	4	6		131.14	21.86	.000	32.79	.00
@CHIROPRACTOR	2	3	\$	37.62	\$ 12.54	.000	\$ 18.81	\$ .00
VISITS	2	3		37.62	12.54	.000	18.81	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	41	59	\$	957.29	\$ 16.23	.002	\$ 23.35	\$ .03
MEDICINE/INJECTIONS	11	12		370.00	30.83	.000	33.64	.01
SURGERY/ANES.	0	0		48.78	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	30	45		503.91	11.20	.001	16.80	.02
@HOME HEALTH AGENCY	104	131	\$	8,534.50	\$ 65.15	.004	\$ 82.06	\$ .27
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	4	5	\$	102.36	\$	20.47	.000	\$	25.59	\$	.00
@TOTAL HOSPITAL	3,730	26,230	\$	2,618,064.24	\$	99.81	.818	\$	701.89	\$	81.67
HOSP INPATIENT TOTAL	571	2,183		1,977,623.49		905.92	.068		3463.44		61.69
HSC HOSPITALS	268	866		967,788.97		1117.54	.027		3611.15		30.19
NON-HSC HOSPITAL TOTAL	239	899		962,622.59		1070.77	.028		4027.71		30.03
ACCOMMODATIONS	239	899		354,873.05		394.74	.028		1484.82		11.07
ADMINISTRATIVE DAYS	2	9		451.68CR		50.19CR	.000		225.84CR		.01CR
TRANSITIONAL IP CARE	0	0		75.51		.00	.000		.00		.00
ALL OTHER ACCOM	237	890		355,249.22		399.16	.028		1498.94		11.08
ANCILLARIES	239	0		607,749.54		.00	.000		2542.89		18.96
INPATIENT CROSSOVERS	69	418		47,211.93		112.95	.013		684.23		1.47
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,415	24,047		640,440.75		26.63	.750		187.54		19.98
MEDICAL	363	416		17,040.73		40.96	.013		46.94		.53
SURGERY	176	209		9,015.81		43.14	.007		51.23		.28
PATHOLOGY	1,023	3,170		36,340.49		11.46	.099		35.52		1.13
RADIOLOGY	452	562		36,055.12		64.16	.018		79.77		1.12
ROOM USE	2,528	4,367		137,800.80		31.56	.136		54.51		4.30
CROSSOVERS/ALL OTH OUTPTNT	2,431	15,323		404,187.80		26.38	.478		166.26		12.61
@COUNTY HOSPITAL TOTAL	18	78	\$	34,009.35	\$	436.02	.002	\$	1889.41	\$	1.06
CO HOSPITAL INPATIENT TOTAL	4	25		32,543.36		1301.73	.001		8135.84		1.02
HSC HOSPITALS	4	25		32,728.04		1309.12	.001		8182.01		1.02
NON-HSC HOSPITALS TOTAL	0	0		184.68CR		.00	.000		.00		.01CR
ACCOMMODATIONS	0	0		184.68CR		.00	.000		.00		.01CR
ADMINISTRATIVE DAYS	0	0		184.68CR		.00	.000		.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	14	53		1,465.99		27.66	.002		104.71		.05
MEDICAL	3	3		104.74		34.91	.000		34.91		.00
SURGERY	4	5		181.73		36.35	.000		45.43		.01
PATHOLOGY	7	18		348.48		19.36	.001		49.78		.01
RADIOLOGY	1	1		24.10		24.10	.000		24.10		.00
ROOM USE	8	12		607.82		50.65	.000		75.98		.02
CROSSOVERS/ALL OTH OUTPTNT	8	14		199.12		14.22	.000		24.89		.01
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						----- MONTHLY AVERAGE -----		
32,056 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,713	26,152	\$	2,584,054.89	\$	98.81	\$	80.61
COMM HOSP INPATIENT TOTAL	567	2,158		1,945,080.13		901.33		60.68
HSC HOSPITALS	264	841		935,060.93		1111.84		29.17
NON-HSC HOSPITALS TOTAL	239	899		962,807.27		1070.98		30.04
ACCOMMODATIONS	239	899		355,057.73		394.95		11.08
ADMINISTRATIVE DAYS	2	9		267.00CR		29.67CR		.01CR
TRANSITIONAL IP CARE	0	0		75.51		.00		.00
ALL OTHER ACCOM	237	890		355,249.22		399.16		11.08
ANCILLARIES	239	0		607,749.54		.00		18.96
INPATIENT CROSSOVERS	69	418		47,211.93		112.95		1.47
ALL OTHER INPATIENT	0	0		.00		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,401	23,994		638,974.76		26.63		19.93
MEDICAL	360	413		16,935.99		41.01		.53



SURGERY	172	204		8,834.08		43.30	.006	51.36	.28
PATHOLOGY	1,016	3,152		35,992.01		11.42	.098	35.43	1.12
RADIOLOGY	451	561		36,031.02		64.23	.018	79.89	1.12
ROOM USE	2,520	4,355		137,192.98		31.50	.136	54.44	4.28
CROSSEOVERS/ALL OTH OUTPTNT	2,423	15,309		403,988.68		26.39	.478	166.73	12.60
@STATE HOSPITAL	48	1,138	\$	698,926.98	\$	614.17	.036	\$ 14560.98	\$ 21.80
MENTALLY ILL	20	303		202,634.28		668.76	.009	10131.71	6.32
DEVELOP. DISABLED	28	835		496,292.70		594.36	.026	17724.74	15.48
@NURSING FACILITY	228	4,019	\$	502,647.72	\$	125.07	.125	\$ 2204.60	\$ 15.68
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	32	1,066		109,341.40		102.57	.033	3416.92	3.41
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	31		15,525.81		500.83	.001	15525.81	.48
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	195	2,922		377,780.51		129.29	.091	1937.34	11.79
@INTERMEDIATE CARE FACIL.-DD	1	30	\$	2,723.55	\$	90.79	.001	\$ 2723.55	\$ .08
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	1	30		2,723.55		90.79	.001	2723.55	.08
@HEMODIALYSIS TOTAL	9	10	\$	6,232.41	\$	623.24	.000	\$ 692.49	\$ .19
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	9	10		6,232.41		623.24	.000	692.49	.19
@REHABILITATION FACILITY	18	89	\$	1,942.01	\$	21.82	.003	\$ 107.89	\$ .06
HOSPITAL BASED	7	11		620.75		56.43	.000	88.68	.02
INDEPENDENT FACILITY	11	78		1,321.26		16.94	.002	120.11	.04
@LABORATORY FACILITY	2,217	5,563	\$	87,427.05	\$	15.72	.174	\$ 39.43	\$ 2.73
PATHOLOGY	2,216	5,562		87,424.56		15.72	.174	39.45	2.73
XO AND OTHERS	1	1		2.49		2.49	.000	2.49	.00
@ORGANIZED OUTPATIENT CLINIC	2,156	8,092	\$	457,230.99	\$	56.50	.252	\$ 212.07	\$ 14.26
CLINIC	1,145	6,571		284,504.50		43.30	.205	248.48	8.88
SURGICENTER	12	73		2,252.80		30.86	.002	187.73	.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00

RURAL HEALTH CLINIC  
 #CALIF DEPT OF HEALTH SERV  
 MOP024  
 YOLO COUNTY

1,000 1,448 170,473.69  
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
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	32,056 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16,388	145,123	\$	2,025,638.15	\$ 13.96	4.527	\$ 123.60	\$ 63.19
DURABLE MED. EQUIP.	42	230		18,746.71	81.51	.007	446.35	.58
BLOOD BANK	0	0		104.50	.00	.000	.00	.00
HEARING AID DISPENSERS	3	4		874.42	218.61	.000	291.47	.03
MEDICAL TRANSPORTATION	156	2,942		30,916.60	10.51	.092	198.18	.96
AMBULANCES/AIR TRANS	118	1,710		20,855.50	12.20	.053	176.74	.65
OTHER TRANS	30	1,009		4,500.26	4.46	.031	150.01	.14
OTHER SERVICES	13	223		5,560.84	24.94	.007	427.76	.17
ACUPUNCTURE	1	4		64.88	16.22	.000	64.88	.00
ADULT DAY HEALTH CARE CTR	746	12,904		864,696.22	67.01	.403	1159.11	26.97
GENETIC DISEASE TESTING	690	695		57,737.00	83.07	.022	83.68	1.80
IHMC,MODEL-NF,NF,AIDS,MSSP	138	10,030		325,485.55	32.45	.313	2358.59	10.15
OCCUPATIONAL THERAPIST	2	14		268.00	19.14	.000	134.00	.01
OPTICIAN	3,558	7,608		81,004.69	10.65	.237	22.77	2.53
PHYSICAL THERAPIST	3	17		302.23	17.78	.001	100.74	.01
PORTABLE X-RAY	11	20		373.52	18.68	.001	33.96	.01
PROSTHETIST/ORTHOTISTS	16	40		4,611.77	115.29	.001	288.24	.14
PROSTHETICS	14	38		4,447.07	117.03	.001	317.65	.14
ORTHOTICS	2	2		164.70	82.35	.000	82.35	.01
PSYCHOLOGIST	16	35		1,911.48	54.61	.001	119.47	.06
SPEECH AND AUDIOLOGY	7	46		1,377.14	29.94	.001	196.73	.04
HOSPICE SERVICES	1	30		3,512.70	117.09	.001	3512.70	.11
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10,985	67,075		503,377.38	7.50	2.092	45.82	15.70
EPSDT SUPPLEMENTAL SERVICE	12	4,110		113,351.70	27.58	.128	9445.98	3.54
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	159	39,319		16,921.66	.43	1.227	106.43	.53
@CALIF. CHILDREN SERVICES*	193	968	\$	277,341.61	\$ 286.51	.030	\$ 1437.00	\$ 8.65
@XOVER EXCLUDING STATE HOSP**	540	2,185	\$	117,312.03	\$ 53.69	.068	\$ 217.24	\$ 3.66

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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